



**TRENDSETTING EDUCATION FOR YOUR FUTURE CAREER**

812 Gorman Avenue • Elkins, WV 26241

www.dhsacademy.com

P: 304.637.3523 • F: 304.630.3045

## Admissions Application

How did you hear about The Academy?  Academy Student Meet-n-Greet  School Counsellor  The Academy Flyer  Newspaper  
 Internet  Other: \_\_\_\_\_

Possible career path: \_\_\_\_\_

### PERSONAL INFORMATION

Please enter your name as it appears on your passport or other official documents.

Legal Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Last (Family) First Middle Suffix (Jr., Sr., etc.) (mm/dd/yyyy)

Sex  Male  Female

Preferred Name \_\_\_\_\_ Previous Last Name(s), if any \_\_\_\_\_

Email \_\_\_\_\_ Marital Status \_\_\_\_\_  
(single, married, etc.)

### PERMANENT ADDRESS

\_\_\_\_\_ Street Address Apt. #

\_\_\_\_\_ City/Town State/Province Country Zip/Postal Code

Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_  
Begin with Area or Country Code Begin with Area or Country Code

Please give your current address for all admission correspondence, if different from above.

### CURRENT MAILING ADDRESS

\_\_\_\_\_ Street Address Apt. #

\_\_\_\_\_ City/Town State/Province Country Zip/Postal Code

Current mailing address valid from \_\_\_\_\_ to \_\_\_\_\_  
(mm/dd/yyyy) (mm/dd/yyyy)

### CITIZENSHIP

Place of Birth \_\_\_\_\_  
City/Town State/Province Country

US Citizen  Dual US citizen; please specify other country of citizenship \_\_\_\_\_

US permanent resident visa; citizen of \_\_\_\_\_ Alien registration number \_\_\_\_\_

Other Citizenship \_\_\_\_\_  
Visa

If you live in the United States, but are not a U.S. citizen, how many years have you lived in the country? \_\_\_\_\_

If not English, language spoken in your home \_\_\_\_\_ If not English, list your first language \_\_\_\_\_

**FAMILY INFORMATION**

**PARENT/GUARDIAN #1**

Parent  Guardian \_\_\_\_\_  
Title Last (Family) First Middle Suffix  
 Male  Female Living?  Yes  No (Date Deceased) \_\_\_\_\_  
(mm/yyyy)

*If different from yours*

Address \_\_\_\_\_  
Street Address Apt. #  
City/Town State/Province Country Zip/Postal Code

Phone \_\_\_\_\_ Email \_\_\_\_\_  
Begin with Area or Country Code

Profession \_\_\_\_\_ Position \_\_\_\_\_

Employer \_\_\_\_\_

College Attended (if any) \_\_\_\_\_ Degree Earned \_\_\_\_\_ Year \_\_\_\_\_

Graduate School Attended (if any) \_\_\_\_\_ Highest Degree Earned \_\_\_\_\_ Year \_\_\_\_\_

**PARENT/GUARDIAN #2**

Parent  Guardian \_\_\_\_\_  
Title Last (Family) First Middle Suffix  
 Male  Female Living?  Yes  No (Date Deceased) \_\_\_\_\_  
(mm/yyyy)

*If different from yours*

Address \_\_\_\_\_  
Street Address Apt. #  
City/Town State/Province Country Zip/Postal Code

Phone \_\_\_\_\_ Email \_\_\_\_\_  
Begin with Area or Country Code

Profession \_\_\_\_\_ Position \_\_\_\_\_

Employer \_\_\_\_\_

College Attended (if any) \_\_\_\_\_ Degree Earned \_\_\_\_\_ Year \_\_\_\_\_

Graduate School Attended (if any) \_\_\_\_\_ Highest Degree Earned \_\_\_\_\_ Year \_\_\_\_\_

Your parents are \_\_\_\_\_  
(married, divorced, etc.)

With whom do you reside?  Both  Parent/Guardian #1  Parent/Guardian #2  Other (Explain) \_\_\_\_\_  
(mm/yyyy)

List names, sex, and ages of your siblings, college (if any), degree(s), and dates of attendance.

Name	Sex	Age	Institution	Degree(s)	Dates

**ACADEMIC INFORMATION**

School \_\_\_\_\_ CEEB Code \_\_\_\_\_

Type of School:  Public  Private  Correspondence  Charter  Parochial  Home-School  Other/Education Provider

School Address \_\_\_\_\_  
Number and Street

City/Town \_\_\_\_\_ State/Province \_\_\_\_\_ Country \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_

Start Date \_\_\_\_\_ (mm/yyyy) Date of Graduation \_\_\_\_\_ (mm/yyyy)

Counselor's Name \_\_\_\_\_ Phone \_\_\_\_\_  
Begin with Area or Country Code

Counselor's Email \_\_\_\_\_ Fax \_\_\_\_\_  
Begin with Area or Country Code

Are you currently enrolled in school?  Yes  No Will/did you graduate from High School early?  Yes  No

Did you receive a GED?  Yes  No If so, list date: \_\_\_\_\_ (mm/yyyy) (Please send official scores from testing agency)

***If your education has been interrupted, please detail your activities since last enrolled. Please attach your response to the end of the application.***

**Please see end of document for response**

**CURRENT YEAR'S COURSES**

*Please list name, level (Honors, AP, IB, etc.) and credit value of your current year's courses.*

Semester #1/Trimester #1	Semester #2/Trimester #2	Trimester #3
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

***List all other high schools, colleges/universities (including summers), and academic programs you attended, beginning with ninth grade. You must submit transcripts from each school.***

**OTHER HIGH SCHOOLS**

School Name	Dates Attended	Location
_____	_____	_____
_____	_____	_____
_____	_____	_____

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## ACADEMIC DISTINCTIONS

Please list any academic or educational awards and honors you received in high school (e.g. National Merit, National Honor Society). Please attach your response to the end of the application.

**Please upload your response to this section PDF file and submit with your application.**

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## EXTRACURRICULAR AND VOLUNTEER INFORMATION (including summer)

Please list any significant extracurricular or community activities and hobbies in which you have participated. Include specific accomplishments such as musical accolades, athletic distinctions, etc. (Please note: "PG" means Post-Graduate)

Activity	Grade Level	Specific Accomplishments	Hours/ Weeks	Weeks/ Year	Will you participate in college?
_____	<input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> PG	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
_____	<input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> PG	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
_____	<input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> PG	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
_____	<input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> PG	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
_____	<input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> PG	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
_____	<input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> PG	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
_____	<input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> PG	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure

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## EMPLOYMENT INFORMATION

List any work experience (including summer jobs) during the past three years.

Employer	(address & phone)	Supervisor	Job Description	Dates of Employment	Hours per week
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

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## ACTIVITY DESCRIPTION

Tell us more about one of your extracurricular, volunteer, or employment activities (100-150 words). If you need more space, please attach your response to the end of the application.

**Please upload your response to this section PDF file and submit with your application.**

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## ADDITIONAL INFORMATION

If you have additional information that was not specifically requested on the application or did not fit in the space provided, feel free to include it here. If you need more space, please attach your response to the end of the application.

**Please upload your response to this section PDF file and submit with your application.**

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## DISCIPLINE INFORMATION

Have you ever been placed on probation, suspended, removed, dismissed or expelled from any school or academic program since 9th grade?

Yes  No

Other than traffic offenses, have you ever been convicted of any misdemeanor, felony, or other crime?

Yes  No

If you answered yes to either question, please provide an explanation and the approximate dates of each incident. Please attach your response to the end of the application.

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## AUTHORIZATION

I certify that the answers given by me to the foregoing questions and statements are true and correct without consequential omissions of any kind whatsoever. I agree that my employer shall not be liable in any respect if my employment is terminated because of the falsity of statements, answers or omissions made by me in this questionnaire. I authorize employers, companies, schools or persons named above to give any information regarding my education, license, criminal background and OIG Medicare sanctions, and employment, together with any information they may have regarding me whether or not it is in their records. I hereby release said employers, companies, schools or persons from all liability for any damage, both legal and otherwise, for issuing this information. I also understand a conditional offer of employment may be based on results of a later medical examination, including a pre-employment drug and alcohol screening. If accepted for employment, I hereby agree to abide by the rules and policies of my employer. I certify that all of the information given by me on this Application or in supplemental forms is true and correct to the best of my knowledge and belief. I further understand that false or misleading statements on this Application or supplemental forms are sufficient cause for my dismissal if I am hired. Further, I understand that any employment is not for a stated period of time and may be terminated with or without cause, at any time, at the option of either myself or my employer. In addition, should my employer be or become subject of the conditions of the Drug- Free Workplace Act of 1988, I agree to abide by such established policies as relates thereto.

Signature of applicant \_\_\_\_\_ Date \_\_\_\_\_