



## **2008-2009 SCHOOL YEAR**

### **APPLICATION INSTRUCTIONS, HIGH SCHOOL SCHOLARS (DISTINGUISHED AND LAUNCHING)**

#### **APPLICATION**

Please use the checklist below to ensure you submit a complete application packet:

- 1. Letter of Intent with \$100 Application Fee (disregard if already submitted);**
- 2. Application for Admission (Application for Admission, Statements of Understanding, the Parent Confidential Statement, and the Medical History Form);**
- 3. Official Academic Records (Transcript, ACT, SAT, etc.)**
- 4. Academic Evaluations (Math, English, Counselor/Principal);**

**Note: If you are applying to the Wentworth Accelerated Scholars Program, you must include 6 evaluations from the following teachers/faculty: Math, English, Science, Principal, Counselor, and 1 member of the faculty of your choice.**

#### **INTERNATIONAL CANDIDATES**

International candidates are those whose parents' primary residence lies outside the United States. Once an international student has been accepted for admission, an I-20 form will be issued by the Academy. If currently living in the U.S. and not a U.S. citizen, application must be made for an F-1 visa. To apply for this visa, the I-20 should be taken to the nearest U.S. Consulate in the candidate's native country.



# Wentworth Military Academy & College

1880 Washington Ave.  
Lexington, MO 64067

1-800-962-7682  
Fax: 660-259-2677

## APPLICATION FOR ADMISSION

Wentworth accepts male and female students in grades 9 through 14. Wentworth strives to create a diverse student body and accepts students of all races, faiths, creeds, and/or national or ethnic origins. An Admissions Committee reviews all applications and approves these applications based on past performance, demonstrated potential, a propensity for the habits of success and a strong desire to attend Wentworth and succeed in its rigorous programs. Additionally, strong consideration is given to those students who exhibit the necessary maturity and responsibility to live independently in a competitive college-preparatory, boarding school environment.

If additional space is needed, please use a separate sheet of paper, clearly identify the question being answered and continue your response legibly.

Applying for Grade \_\_\_\_\_

### STUDENT INFORMATION

1. Full Name of Applicant: \_\_\_\_\_  
(Last) (First) (Middle)

Preferred Nickname \_\_\_\_\_  Male  Female

2. Address: \_\_\_\_\_  
(Street Address)

\_\_\_\_\_  
(City, State & ZIP)

3. Phone (\_\_\_\_) \_\_\_\_\_ FAX (\_\_\_\_) \_\_\_\_\_

4. Parent/Guardian Email: \_\_\_\_\_

5. Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

6. Social Security Number: \_\_\_\_/\_\_\_\_/\_\_\_\_

7. Citizenship:  U.S.  Other: (Please Specify) \_\_\_\_\_

Country of Birth: \_\_\_\_\_ Dual Citizenship? \_\_\_ Yes \_\_\_ No

If you are a U.S. Citizen but reside primarily outside the U.S. or are a citizen of another country currently living in the U.S., please provide your international address:

8. Ethnic Background: \_\_\_\_\_ African American  
\_\_\_\_\_ Asian or Pacific Islander  
\_\_\_\_\_ Hispanic  
\_\_\_\_\_ American Indian or Alaskan Native  
\_\_\_\_\_ Caucasian  
\_\_\_\_\_ Multi-Racial

**FAMILY INFORMATION**

Parent/Guardian Relationship to applicant: \_\_\_\_\_

Name: \_\_\_\_\_

Home Address (if other than cadet): \_\_\_\_\_

\_\_\_\_\_ E-mail address \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Profession: \_\_\_\_\_ Employed by: \_\_\_\_\_

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

Parent/Guardian Relationship to applicant: \_\_\_\_\_

Name: \_\_\_\_\_

Home Address (if other than cadet): \_\_\_\_\_

\_\_\_\_\_ E-mail address \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Profession: \_\_\_\_\_ Employed by: \_\_\_\_\_

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

**In an Emergency, if unable to contact parents, please notify:**

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Relationship: \_\_\_\_\_

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

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

**CUSTODY INFORMATION**

**Legal Custody**

(Check as Applicable)

If any are checked, please complete paragraph below.

- Joint legal custody with mother and father
- Sole legal custody by Mother
- Sole legal custody by Father
- Legal Guardian other than Parents

State all restrictions with respect to custody, visitation, sharing of grades or contact by non-custodial parent with child

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**Responsibility for Tuition and other charges:**

The person indicated will receive and be responsible for payment of the account.

- Jointly with Mother & Father
- Mother only
- Father only
- Guardian
- Other (court order, other agreement)

Applicant currently lives with:

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**For Primary Custodial Parent/Guardian:** By signing below, you accept responsibility as the student's legal custodian/guardian not only to comply with all court-ordered requirements and functions but also to coordinate them with the non-custodial parent, such as communicating pertinent information; arranging pick-up and drop-off; visitation, etc.

\_\_\_\_\_  
Signature of Custodial Parent/Guardian

\_\_\_\_\_  
Date

**SCHOOL/ACADEMIC INFORMATION**

1. Current or just completed grade level \_\_\_\_\_ Date completed: \_\_\_/\_\_\_/\_\_\_

2. Applicant's present school: \_\_\_\_\_

Principal or Counselor's Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City ST ZIP

Phone: (\_\_\_\_) \_\_\_\_\_ FAX (\_\_\_\_) \_\_\_\_\_

3. Please list any and all extracurricular activities, athletics, awards, honors and distinctions.

\_\_\_\_\_  
\_\_\_\_\_

4. Has school attendance been regular? \_\_\_\_\_ YES \_\_\_\_\_ NO. If no, please explain in detail.

\_\_\_\_\_  
\_\_\_\_\_

5. Has the applicant ever been disciplined at any school, to include in- or out of-school suspension, dismissal, expulsion, request for withdrawal or other disciplinary action for any reason?

\_\_\_\_\_ YES \_\_\_\_\_ NO

If yes, please explain the circumstances in detail and provide any and all supporting documentation. Also provide the name and telephone number of the teacher or administrator involved.

\_\_\_\_\_  
\_\_\_\_\_

Teacher/Administrator name: \_\_\_\_\_ Phone \_\_\_\_\_

6. Has the applicant 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 nature and extent of such additional instruction or counseling and the contact information of those providing such instruction or counseling.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Contact name: \_\_\_\_\_ Phone \_\_\_\_\_

**Signature of the application form shall constitute the agreement by the parent/parents/guardian and/or responsible financial party to be fully responsible for all tuition and other charges and shall constitute a representation by the signatory that he/she is authorized and legally empowered to sign all releases and other documents in connection with the application.**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date



**STATEMENTS OF UNDERSTANDING**

**Applicant's Full Name:** \_\_\_\_\_

Wentworth expects and assumes that all information provided on this application is accurate and complete. I/We understand that any misrepresentation or omission of information made on this application or anywhere during the admissions process may result in revocation of an offer for admission or, if discovered subsequent to enrollment, may result in possible dismissal from Wentworth, subject to the terms of the financial contract that is issued upon acceptance.

□ □ □

Upon acceptance, I/we understand and agree that the enrollment of the undersigned student is contingent upon compliance with the terms, conditions, rules and policies governing the Academy both now in force and those that may be enacted or amended. By signing below, I/we understand that failure to uphold and abide by these terms, conditions, rules and policies may result in corrective action up to and including dismissal from Wentworth. I/We further understand that withdrawal or dismissal will not relieve me/us of my/our financial obligation to the Academy as specified to in the financial contract, to be issued upon acceptance of the undersigned student.

□ □ □

The Wentworth Admissions Committee adjudicates acceptance at its sole discretion but places chief emphasis on creating a diverse student body that meets the best interest of the school and its students.

It is the Academy's policy not to share reasons for an applicant being denied admission.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date



## PARENT CONFIDENTIAL STATEMENT

Neither we, nor you, wish to commit your child to a course of action or program that might be doomed to failure because the applicant's capabilities or needs are incompatible with the methodologies and capabilities of the school. Please answer these confidential questions.

Applicant's Full Name: \_\_\_\_\_

1. Which of the following is most accurate?

My/Our child actively wants to attend Wentworth; there are no factors, behaviors and/or issues that affect my child's ability to be successful.

My/Our child actively wants to attend Wentworth but might have challenges with the following areas:

\_\_\_\_\_

\_\_\_\_\_

Attending Wentworth is more my/our choice; however, my/our child understands and accepts the value of attending Wentworth.

\_\_\_\_\_

\_\_\_\_\_

**Certain factors, behaviors and/or issues will significantly affect a student's ability to succeed at Wentworth, so it's imperative that we know about them in sufficient detail in order to make an effective evaluation for admission. *If the following questions do not apply in your case, please so indicate.***

2. Has the applicant ever received counseling or assistance for emotional, physical or behavioral problems that may affect the applicant's ability in acting maturely and responsibly in a rigorous and competitive college preparatory environment, including but not limited to the following (check all that apply):

None of these apply

Drug or alcohol use; habitual use of cigarettes or other tobacco products; or misuse of over-the-counter medications

Depression or low self-esteem

Suicide or self-destructive thoughts or tendencies

Eating or other compulsive disorders

Violent, aggressive or anti-social behavior

Confrontational Behavior or problems with authority

ADD, ADHD

ODD

OTHER

3a. If any box or boxes is/are checked above, please describe the counseling or assistance provided, the dates of such treatment and the names and contact information of those providing the treatment (if more space is needed, please list on a separate piece of paper and attach to the application):

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Contact name: \_\_\_\_\_ Phone \_\_\_\_\_

Contact name: \_\_\_\_\_ Phone \_\_\_\_\_

**Note: If any of the above conditions require the use of prescription medication, please ensure any and all such medications are annotated on the Medical History Form.**

4. Does the applicant have any record of involvement with law enforcement or civil authorities – either current or in the past, adult or juvenile – and is the applicant now or has at any time in the past been on probation? (The following is included: any arrest, charge, citation or detention for any violation, even those now expunged and/or the existence of a SIS).

\_\_\_\_\_ Does Not Apply \_\_\_\_\_ YES \_\_\_\_\_ NO

If YES to either or both parts of this question, provide complete detailed information, supporting documents and name and contact information of the law enforcement agent or probation agent involved.

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Contact name: \_\_\_\_\_ Phone \_\_\_\_\_

Contact name: \_\_\_\_\_ Phone \_\_\_\_\_

***I/We affirm and attest that the above information is accurate to the best of my/our knowledge. I/We understand that falsifying any information or failing to disclose information that materially affects the school's decision-making process will constitute a fraudulent enrollment. Discovery of such fraudulence can result in the dismissal of the applicant from Wentworth and any unpaid balance on the applicant's account becoming due immediately in full.***

\_\_\_\_\_  
Mother/Legal Guardian Signature

\_\_\_\_\_  
Father/Legal Guardian Signature

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date



**MEDICAL HISTORY**

Student's Full Name: \_\_\_\_\_ SSN \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

**RESPONSIBLE PARTY**

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Office Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**FAMILY HISTORY**

	OCCUPATION	AGE IF LIVING	IF DECEASED, AGE & YEAR OF DEATH	CAUSE OF DEATH
<b>FATHER:</b>				
<b>MOTHER:</b>				
<b>BROTHERS:</b>				
<b>SISTERS:</b>				

1. Does the student have any known drug allergies? \_\_\_\_ Yes \_\_\_\_ No If yes, please explain in detail:

\_\_\_\_\_  
\_\_\_\_\_

2. Is the student now under treatment by a physician? \_\_\_\_ Yes \_\_\_\_ No If so, for what condition(s)?

\_\_\_\_\_  
\_\_\_\_\_

3. List ALL medicines taken regularly, stating dosage, frequency, length of prescription and reason for medication (please use additional sheet if necessary):

Name of Medication	Dosage	Frequency	Length of Prescription	Reason for Medication
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

5. Describe fully any physical condition the student might have which might make it inadvisable for him/her to participate in rough sports, prolonged standing, severe physical exertion, frequent swimming, or to carry a full study load.

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**CIRCLE IF STUDENT HAS EXPERIENCED:**

ALLERGIES	ASTHMA	BACKACHE	BRONCHITIS	CHICKEN POX	CONSTIPATION
DEPRESSION	DIABETES	DIARRHEA	DIPHTHERIA	DIZZINESS	ADD
ENURESIS	EPILEPSY	HAYFEVER	HEADACHES	HIVES	ADHD
INDIGESTION	MALARIA	MEASLES	MUMPS	NASAL CONGESTION	NERVOUSNESS
PLEURISY	PNEUMONIA	POLIO	RHEUMATIC FEVER	SCARLET FEVER	SEIZURES
SMALLPOX	TONSILLITIS	TUBERCULOSIS	TYPHOID FEVER	WHOOPING COUGH	HYPERACTIVITY

**CIRCLE IF ANY RELATIVE OF STUDENT HAS HAD THE FOLLOWING:**

ASTHMA	CANCER	DIABETES	EPILEPSY
HEART DISEASE	KIDNEY DISEASE	MENTAL DISTURBANCES	TUBERCULOSIS

**Cadet Immunization Record (Please specify Month, Date, & Year)**

	<b>DTP</b>	<b>ORAL POLIO</b>	<b>TD</b>	<b>HEPATITIS B</b>	<b>MMR</b>	<b>MMR</b>
<b>Dose 1</b>						
<b>Dose 2</b>					<b>MEASLES</b>	<b>RUBELLA</b>
<b>Dose 3</b>						
<b>Dose 4</b>					<b>MUMPS</b>	<b>HIB</b>
<b>Dose 5</b>						