



Marine Military Academy

ADMISSIONS OFFICE
320 Iwo Jima Boulevard / Harlingen, Texas 78550
TEL: (956) 423-6006 ext 252 FAX: (956) 421-9273
E-mail: admissions@mma-tx.org

Attach
Current
Photo
Here

APPLICATION FOR ADMISSION

Submission must include a check for the application fee (non-refundable) and a copy of the Applicant's birth certificate

THIS APPLICATION IS FOR GRADE LEVEL: 8 9 10 11 12 PG N/A **YEAR** _____

Fall Entry Mid-Term Entry Summer Camp Summer Camp with Aerospace English as a Second Language (ESL)

Please print or type

Last Name _____ First Name: _____

Middle Name: _____ Name Usually Called: _____

APPLICANT'S CONTACT INFORMATION:

Address: _____

City _____ State _____ Zip _____

HM #: () _____ Cell #: () _____ Email HM: _____

Date of Birth: _____ Place of Birth: _____ Nation of Citizenship: _____

Height: _____ Weight: _____ Shoe Size: _____ Social Security #: _____

Your response to the following racial/ethnic question is voluntary, but federal civil rights legislation and implementing regulations require this institution to submit counts of the student body by these racial/ethnic categories. Your cooperation, therefore, while voluntary, is essential to the accurate reporting of this information. How would you describe yourself? Please check one.

- White, Anglo, Caucasian (non-Hispanic)
- American Indian or Alaskan Native
- Asian or Pacific Islander (including Indian subcontinent)
- Religion: _____
- Hispanic (including Puerto Rican & Latin American)
- Black, African-American, (non-Hispanic)
- Other (Specify) _____

Biological/Adoptive Father's Complete Name (L,F,M) _____ Living Deceased

Biological/Adoptive Mother's Complete Name (L,F,M) _____ Living Deceased

Biological/Adoptive Parents are: Married Divorced Separated

RESPONSIBLE PARTY:

If Biological Parents are Divorced/Separated: Complete 1-3 below (please provide a copy of the custodial decree for our files):

1. **Name of Custodial Parent** (L,F,M): _____ Payee Joint Custody

2. **Name of Custodial Parent** (L,F,M): _____ Payee

3. **Name of Non-Custodial Parent** (L,F,M): _____ Payee

FATHER (L,F,M): _____ Payee

Home Address: _____ City _____ State _____ Zip _____

HM #: () _____ Cell #: () _____ Email HM: _____

WK #: () _____ FAX #: () _____ Email WK: _____

Occupation: _____ Employer: _____

Spouse (L,F,M): _____

WK #: () _____ FAX #: () _____ Email WK: _____

Occupation: _____ Employer: _____

MOTHER (L,F,M): _____ Payee

Home Address: _____ City _____ State _____ Zip _____

HM #: () _____ Cell #: () _____ Email HM: _____

WK #: () _____ FAX #: () _____ Email WK: _____

Occupation: _____ Employer: _____

Spouse (L,F,M): _____

WK #: () _____ FAX #: () _____ Email WK: _____

Occupation: _____ Employer: _____

Indicate (above) to whom tuition and charges should be mailed by selecting "payee" box. If other please indicate below:

Name: (L,F,M): _____ **Relationship to applicant?** _____

Home Address: _____ City _____ State _____ Zip _____

HM #: () _____ Cell #: () _____ Email HM: _____

WK #: () _____ FAX #: () _____ Email WK: _____

Where did you first hear about the Marine Military Academy? (Please specify)

- Alumni name _____
- Magazine _____
- Current Cadet/Family _____
- Newspaper _____
- Counselor _____
- Word of Mouth _____
- Internet/Search Engine _____
- Boarding School Directory _____
- Other _____

Name and location of each school Applicant has attended during the past three years:

- 20 ___ Grade ___ School _____ Reason for leaving _____
- 20 ___ Grade ___ School _____ Reason for leaving _____
- 20 ___ Grade ___ School _____ Reason for leaving _____
- 20 ___ Grade ___ School _____ Reason for leaving _____

Please make selections for a foreign language in order of preference (1-3): _____ French _____ Spanish _____ Chinese

Does the applicant have any special gifts, interests or talents? (artistic, musical, athletic, etc.) Yes No

If so, please explain: _____

Has the Applicant been professionally diagnosed as requiring special education? Yes No

If so, please list the diagnosis given _____

Does the Applicant have a current I.E.P (Individualized Education Plan) or a B.I.P. (Behavioral Individualized Plan)? Yes No

If so, please explain and attach (applicant for academic enrollment only) the I.E.P or B.I.P. documentation filed by the school: _____

Has the Applicant ever been clinically diagnosed with the following psychiatric disorders? (Schizophrenia, Bipolar (I, II, NOS), Major depression, Dysthymia, Anxiety, Conduct disorder, (ODD) Oppositional-Defiant Disorder, (OCD) Obsessive-Compulsive Disorder, Tourettes Syndrome, Asperger Syndrome, ADHD, ADD, History of cutting or self-mutilation) Yes No

If so, please **circle each** and **list all** medication(s) prescribed by the treating primary care physician or psychiatrist: _____

Has the Applicant ever been treated for or tested positive for substance abuse? Date of occurrence: _____ Yes No

If so, please have a urine drug screen performed by a physician or an independent laboratory and enclose the result.

Has the Applicant ever been involved with the juvenile authorities or been adjudicated a delinquent or dependent? Yes No

- On Probation Deferred Adjudication Awaiting Trial Convicted of a felony or misdemeanor Community Service

NOTE: Documentation relating to any of the above responsibility must be provided with this application.

I hereby certify that the information on 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 dismissal.

Date: _____ Parent/Guardian Signature: _____

THE FOLLOWING QUESTIONS MUST BE COMPLETED BY THE APPLICANT IN HIS OWN HANDWRITING:

What have you done during the past two summers? (Travel, camps, summer school, etc.):

What do you think a Marine Military Academy experience can do for you?

Describe briefly your ambitions for the future:
