

SOUTHWEST GEORGIA ACADEMY APPLICATION

STUDENT'S NAME: _____ GRADE APPLIED FOR: _____

ADDRESS: _____ City _____

DATE OF BIRTH: _____ PHONE#: _____ SS#: _____

PARENT'S NAMES: _____

ADDRESS, IF DIFFERENT: _____

OCCUPATION OF FATHER: _____ work phone: _____

OCCUPATION OF MOTHER: _____ work phone: _____

WHAT INFLUENCED YOU TO SELECT SGA AS YOUR SCHOOL CHOICE?

GIVE THE NAMES OF STUDENTS YOU KNOW AT SGA: 1. _____

2. _____ 3. _____

ALL APPLICATIONS MUST HAVE A \$50 NON-REFUNDABLE FEE ATTACHED. DUE BY JANUARY 28TH, 2011.

PARENT'S SIGNATURE

DATE

NONREFUNDABLE APPLICATION FEE OF \$50 PAID. IF ACCEPTED, THIS FEE IS APPLIED TO TUITION PAYMENT.

PAID BY CHECK NUMBER: _____ CASH: _____ CASHIERS CK: _____