BOARDING CADET APPLICATION FOR ADMISSION

STEP 1: For your Application to be processed, please do the following:

- ☐ Fill out pages 2-4 of Application and mail/fax it directly to the Admissions Office.
- ☐ $50.00 non-refundable processing fee
- ☐ recent photograph of Applicant
- ☐ copy of school transcript
- ☐ copy of Applicant's birth certificate
- ☐ copy of custody or guardianship papers, if applicable
- ☐ copy of Applicant's Social Security card
- ☐ two ***non-relatives*** complete the Confidential Reference Forms (pg. 16 & 17 and pg. 18 & 19) and mail/fax them directly to the Admissions Office.

STEP 2: When you come for an interview, you must bring the following items:

- ☐ Policies Acknowledgement – pg. 5
- ☐ Request for Records Release - pg. 7
- ☐ Authorization to Consent to Medical Treatment for Minor Child – pg. 8
- ☐ Insurance Information – pg. 9
- ☐ Medical History – pg. 10 & 11
- ☐ Patient Information – (in sequential order as page 12, but not numbered)

STEP 3: On or before registration day, we must receive the following items:

- ☐ Medical Exam – pg. 13 & 14
- ☐ Immunization Record (submitted on Mississippi Department of Health Form No. 121) – pg. 15
- ☐ OUT OF STATE APPLICANTS: Have doctor fill out page 15, Part B and attach immunization record
- ☐ Original Insurance Card and Original Pharmacy Card

Please return completed application to: Admissions Office, Chamberlain-Hunt Academy,
124 McComb Ave., Port Gibson, MS 39150, Phone 601.437.8855, Fax 601.437.3212

APPLICATION FOR ADMISSION

APPLICANT INFORMATION

Applicant's Full Name ______________________________

Applicant's Preferred Name ______________________________

Birth Date: ____ / _____ / _____ Age: ____ Gender: M F Race: Caucasian African-American Hispanic Asian Other _______

Church of Preference: Baptist Catholic Methodist Presbyterian Other Christian Other Religion None

Social Security # _________ - ________ - ___________

Grade applying for: 7 8 9 10 11 12 Semester: ☐ Fall ☐ Spring ☐ Summer School Year: 20 _______

How did you hear about Chamberlain-Hunt Academy? Alumnus Counselor French Camp Friend/Family Internet Minister/Church Other School Current Cadet ____________________ WORLD Magazine

Other ______________________________

FAMILY INFORMATION

Applicant lives with: ☐ Both Parents ☐ Mother ☐ Father ☐ Step-parent ☐ Other

Parents' marital status: ☐ Married ☐ Divorced ☐ Separated ☐ Widowed ☐ Single

Father (do not leave blank):

Name ______________________________

Address ______________________________

____

Work Phone (   ) ____________________

Cell Phone (   ) ____________________

Home Phone (   ) ____________________

E-mail address ______________________________

Employer ______________________________

Occupation ______________________________

Send copies of mailings (i.e. grades, news, etc.) to this person? . . . . ☐ Yes ☐ No

Is this person allowed to visit/pick-up Cadet? . . . . . ☐ Yes ☐ No

Mother (do not leave blank):

Name ______________________________

Address ______________________________

____

Work Phone (   ) ____________________

Cell Phone (   ) ____________________

Home Phone (   ) ____________________

E-mail address ______________________________

Employer ______________________________

Occupation ______________________________

Send copies of mailings (i.e. grades, news, etc.) to this person? . . . . ☐ Yes ☐ No

Is this person allowed to visit/pick-up Cadet? . . . . . ☐ Yes ☐ No

In case of parental separation, please provide a copy of the Custody Decree.

APPLICATION FOR ADMISSION

Other adults responsible for Applicant (guardian, step-parent, etc.)

Relationship ______________________

Name ______________________

Address ______________________

____

Work Phone (   ) ______________________

Cell Phone (   ) ______________________

Home Phone (   ) ______________________

E-mail address ______________________

Employer ______________________

Occupation ______________________

Send copies of mailings (i.e. grades, news, etc.)
to this person? . . . . ☐ Yes ☐ No

Is this person allowed to visit/pick-up Cadet? . . . . . ☐ Yes ☐ No

Relationship ______________________

Name ______________________

Address ______________________

____

Work Phone (   ) ______________________

Cell Phone (   ) ______________________

Home Phone (   ) ______________________

E-mail address ______________________

Employer ______________________

Occupation ______________________

Send copies of mailings (i.e. grades, news, etc.)
to this person? . . . . ☐ Yes ☐ No

Is this person allowed to visit/pick-up Cadet? . . . . . ☐ Yes ☐ No

RESTRICTIONS

Please explain any visit or contact restrictions. ______________________

____

____

____

BIOGRAPHICAL SNAPSHOT

To help us better minister to your child, please check all that apply:

☐ Parents divorced

☐ Parent or close relative passed away

☐ Parent or close relative incarcerated

☐ Adopted, what age? ______

☐ Siblings, what sex and age? ______________________

☐ Significant event dates (anniversary of death of close relative or friend/divorce/cyclical illness, etc.): ______________________

____

ACADEMIC PROFILE

Has Applicant been suspended or expelled from school for any reason? ☐ Yes ☐ No

If *yes*, please explain: ______________________

____

____

List all schools attended from grade 6 to present:

Grade	School Year	School Name	City, ST	Phone Number

APPLICATION FOR ADMISSION

LEGAL PROFILE

Has Applicant had any legal problems (misdemeanor or felony)? ☐ Yes ☐ No Are legal proceedings pending? ☐ Yes ☐ No

If *yes* to either question, please explain: ______________________________

MEDICAL PROFILE

Does the Applicant have health insurance? ☐ Yes ☐ No

Are there any limitations to Applicant's physical activities? ☐ Yes ☐ No

If *yes*, please explain the nature of these limitations and indicate whether they are temporary or permanent: ______________________________

____

SOCIAL PROFILE

Hobbies Applicant enjoys: ______________________________

Interscholastic sports Applicant intends to play: ______________________________

Musical instruments Applicant plays: ______________________________

Has Applicant been a member of a school or church choir? ☐ Yes ☐ No

List honors and offices Applicant has had in school, church, or the community: ______________________________

____

PSYCHOLOGICAL PROFILE

Has Applicant been under the care of a doctor due to any nervous or mental disorder? ☐ Yes ☐ No

If *yes*, please explain giving diagnosis, if any: ______________________________

____

____

____

DRUG PROFILE

Has Applicant ever used illegal drugs? ☐ Yes ☐ No

Has Applicant ever been referred to a chemical dependency or other drug rehabilitation unit? ☐ Yes ☐ No

If *yes* to either question, please explain: ______________________________

____

____

STATEMENT OF AGREEMENT (Please read carefully before signing)

On behalf of ______________________________ (Applicant), I am submitting this Application for Admission to Chamberlain-Hunt Academy for the academic year of ______________.

I further understand that should Applicant, once enrolled, be dismissed or withdrawn from Chamberlain-Hunt Academy for any reason, the parent/guardian will be responsible for all non-refundable charges incurred.

By signing below, I agree to pay all applicable fees and charges incurred by Applicant upon his acceptance and enrollment.

______________________________ ______________________________

Signature of Parent (or Guardian) Signature of Applicant

____

Date of Application

Notice of Nondiscriminatory Policy: Chamberlain-Hunt Academy admits applicants of any race, color, national or ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to Cadets at the school. It does not discriminate on the basis of race, color, national or ethnic origin in administration of its educational policies, scholarship and loan programs, or athletics.

POLICIES ACKNOWLEDGEMENT

ATTENTION PARENT(S) AND APPLICANT:

Both the Applicant and the parent/guardian must sign this form before the Applicant will be allowed to be accepted into the Academy. Your initial beside each policy acknowledges you have read each of the policies outlined on page six (6) of this application, understood and agreed to the terms. Your signature on the bottom makes this a legally binding document.

Applicant's Name: ______________________________ Date of Birth: ____________________

POLICY: (Parent, please initial your consent beside each.)

_____ **Corporal Discipline Policy**

_____ **Drug and Alcohol Policy**

_____ **Drug Testing and Search Policy**

_____ **Athletic Participation:** *Age and year first entering 7th grade: _____, ________; Age and year first entering 9th grade: _____, ________*

_____ **Cadet Photo Release**

We, the parent/guardian and Applicant, have read and understood the above policies as outlined on page six (6) of this application, and by our signatures below we indicate our commitment to comply with Chamberlain-Hunt Academy's policies and procedures.

______________________________ ______________________________

Signature of Parent (or Guardian) Signature of Applicant

______________________________ ______________________________

Print Name (Parent/Guardian) Print Name (Applicant)

____

Date

____

Street Address City State Zip Code

______________________________ ______________________________

Home Phone Work/Cell Phone

POLICIES

CORPORAL DISCIPLINE

In every effort to apply and sustain a consistent approach to discipline, Chamberlain-Hunt Academy implements an *Assertive Discipline Program*. Even with the success the Academy has with these efforts, a need arises occasionally for immediate reinforcement to supplement the *Assertive Discipline Program*. Chamberlain-Hunt Academy employs corporal discipline with discretion and always under direct supervision of the Commandant or the Principal. The Academy requests you to acknowledge and approve this policy to apply corporal discipline to your child/ward while he is a Cadet, as a discipline option when immediate reinforcement is required.

DRUG AND ALCOHOL

Chamberlain-Hunt Academy is concerned with maintaining our campus as a drug-free environment. To accomplish this goal, the following drug policy has been established:

- Any Cadet found using drugs or suspected of using drugs will be suspended immediately pending further school action.
- Any Cadet found sniffing or using any aerosol (or other substance) for the purpose of getting “high” (or suspected of such) will be suspended immediately pending further school action.
- Any Cadet on campus or returning to campus under the influence of alcohol or drugs or possessing the same on campus, or while participating in or attending school activities off campus, may be expelled or suspended immediately. A conviction of DUI or other drug related offenses may result in expulsion. Additionally, the Academy may administer a breathalyzer or urine test.

Concurrent with the above actions, the President, the Commandant and the Principal will review all evidence. After said review, the President will announce the final decision to expel, to further suspend or to reinstate the Cadet.

If a Cadet is expelled, he may appeal for reinstatement. If an appeal for reinstatement is made, a committee composed of the President, the Commandant, the Principal and two faculty members will review all evidence and report to the Board of Trustees. The Executive Committee of the Board will make the final decision on whether to allow reinstatement. If its decision supports reinstatement, the Executive Committee shall report the same to the Board at the regular monthly meeting. If reinstatement is denied, a parent or guardian may appeal to the Board, as a whole, at the next scheduled meeting, with said parents or guardians personally appearing before the Board.

A Cadet who has been expelled may be reviewed for readmission to Chamberlain-Hunt Academy subject to the completion of drug/alcohol rehabilitation or drug/alcohol counseling and upon agreeing to participate in random urine and/or blood tests at the parents’ or guardians’ expense. A positive reading on a test at this point will result in immediate dismissal from Chamberlain-Hunt Academy with no recourse for reinstatement.

DRUG TESTING AND SEARCH

In order to keep Chamberlain-Hunt Academy drug free, the following drug testing and search procedures are established:

- Cadets shall be subject to search and urinalysis screens by Chamberlain-Hunt Academy personnel.
- Testing and searches shall be directed either by the President, the Commandant or the Principal.
- Two (2) types of urinalysis screens may be used: *random* and *individual*.

In *random* testing, the Academy will select individuals for urinalysis at unscheduled intervals. Every Cadet selected will provide a urine sample under controlled conditions. The Academy may require *individual* testing of any Cadet whenever circumstances indicate possible use of illegal substances. The President, the Commandant or the Principal may direct screening of any Cadet who has exhibited changes in personality or behavior, erratic classroom performance and attendance, or other indications of drug abuse.

Refusal to participate in searches or screenings will result in expulsion with refunds limited only to those identified in current academic policy.

ATHLETIC PARTICIPATION

A copy of the Cadet’s Medical Examination (doctor’s signature is required on form) and Birth Certificate must also be filed with this form.

I (We) hereby give my (our) consent for my/our child to compete in MAIS approved sports and to travel with the coach or other representatives of the Academy to any off campus practices, scrimmages and contests. I (We) understand that even though the Academy requires every Cadet athlete to use protective equipment, the possibility of injury remains. Neither the MAIS nor Chamberlain-Hunt Academy assumes any responsibility in the event of accidental injury.

I (We) agree that the Cadet and his parent/guardian are responsible for the safe return of all athletic equipment issued by the Academy to the above-named Cadet.

If, in the judgment of any representatives of the Academy, my/our child requires immediate care and treatment as a result of injury, I (we) hereby request, authorize and consent to such care and treatment as may be given to said Cadet by any physician, trainer, nurse or school representative; and I (we) do hereby agree to indemnify and save harmless the Academy and/or any Academy representative from any claim by any person whomsoever on account of such care and treatment provided to said Cadet.

CADET PHOTO RELEASE

For good and valuable consideration, the receipt of which I hereby acknowledge, I assign to Chamberlain-Hunt Academy, its representatives, successor and assigns, all rights to reproduce for the purpose of illustration, advertising, posting on parent gallery, or publication in any manner, any photographs of my child. ***This does not include Cadet having photograph made for Cadet IDs for the purpose of travel and/or ACT/SAT testing.***

REQUEST FOR RECORDS RELEASE

School Last Attended ____________________

Address ____________________

____

Tel # ____________________

Fax # ____________________

Student ____________________

Grade ____________________

Date of Birth ____________________

Social Security Number ____________________

The above-named student has enrolled at Chamberlain-Hunt Academy. Please forward an official copy of the school records (Mississippi schools are to send Form 1 - The Cumulative Folder). Included in the material to be forwarded should be:

1. Copy of both sides of the permanent record and/or a computer generated transcript showing all previous grades
2. Copy of the most recent report card and/or withdrawal form
3. Copy of the discipline report
4. Copy of other educationally relevant information such as standardized test results, evaluations, etc.

For Official Use Only:

The parents or legal guardians have been advised of their rights regarding the request and release of said records. If the student is eighteen years of age or older, he/she has been advised of these rights. Please note that revised guidelines, as provided in the Federal Register, do not require parental signature prior to release of said records.

Date Request Sent ____________________

Date Records Received ____________________

Thank you,

Principal's Assistant: ____________________

Please fax records to: Principal's Office, Chamberlain-Hunt Academy,
124 McComb Avenue, Port Gibson, MS 39150, Phone 601.437.4291, Fax 601.437.4313

AUTHORIZATION TO CONSENT TO MEDICAL TREATMENT FOR MINOR CHILD

I (We) ______________________________, of ______________________________
Parent/Guardian Name(s) City

______________________________, ______________________________ do hereby state that I (we)
County State

am (are) the legal guardian(s) having legal custody of ______________________________
Applicant's Name

a minor, age __________, born __________________, who resides with me (us) at ______________________________
Age Date of Birth Street Address

______________________________, __________________ __________________ .
City State Zip Code

I (We) authorize Chamberlain-Hunt Academy in the City of Port Gibson, County of Claiborne, State of Mississippi, to consent to any x-ray, examination, anesthetic, medical, surgical diagnosis and/or treatment, and hospital care, to be rendered to the minor under the general or special supervision and on the advise of any physician or surgeon licensed to practice in the State of Mississippi, when the need for such treatment is immediate, and when efforts to contact me (us) are unsuccessful. The above implies and authorizes immunizations.

Dated the __________________ of ______________________________, __________________.
Day Month Year

______________________________ ______________________________
Signature of Parent (or Legal Guardian) Guardianship expiration date, if applicable

Applicant's doctor: ______________________________

____

____

Any medications the applicant takes regularly (include dosage): ______________________________

____

____

____

____

Allergies (food, drug, other) Explain: ______________________________

____

____

____

INSURANCE INFORMATION

Applicant's Full Name ______________________ Date of Birth ____________

Legal Guardian's Full Name ______________________

Address ______________________

City ______________________ State __________ Zip Code ____________

Home Phone ______________________ Work Phone ______________________

Name and address of parent/guardian responsible for medical expenses if different from above:

Full Name ______________________

Address ______________________

City ______________________ State __________ Zip Code ____________

Home Phone ______________________ Work Phone ______________________

At Registration, you MUST provide an ORIGINAL insurance card to be held on file.

Policy Holder's Full Name ______________________

Social Security Number ______________________ DOB ______________________

Insurance Company ______________________

Policy Number ______________________

Insurance Company Address ______________________

City ______________________ State __________ Zip Code ____________

Employer ______________________

Address ______________________

City ______________________ State __________ Zip Code ____________

Home Phone ______________________ Work Phone ______________________

"I hereby give permission to the physician selected by Chamberlain-Hunt Academy to hospitalize, secure proper treatment for and to order injection, anesthesia, or surgery for my child. I also agree to assume obligation for any necessary expenses my child may incur while at Chamberlain-Hunt Academy."

______________________ ______________________

Signature of Parent/Guardian Date

MEDICAL HISTORY

1. Applicant's Name ______________________ Date of Birth ____________ Age ______

   Sex ____________ Social Security # ______________________

   Mailing Address ______________________

   City ______________________ State ____________ Zip Code ____________

2. Emergency Contact ______________________ Relationship to Child ____________

   Phone Number ______________________ Alternate Number ______________________

3. Allergies (drug, food, other) ______________________

4. Name/address of Applicant's personal/family physician. If none, name/address of physician last seen.

   Physician's Name ______________________ Phone Number ______________________

   Address ______________________

   City ______________________ State ____________ Zip Code ____________

5. Date, reason and results of last visit to physician. (Prior to Medical Exam for acceptance to Chamberlain-Hunt)

   ____

   ____

   ____

6. Has Applicant ever had or been treated for: (mark disorder in the list and explain) ______________________

   Disease or disorder of:

☐ heart	☐ diabetes	☐ alcoholism	☐ paralysis
☐ urinary tract	☐ high blood pressure	☐ drug abuse	☐ arthritis
☐ digestive system	☐ chest pain	☐ cancer	☐ nervous or mental trouble
☐ reproductive system	☐ seizure	☐ tumor	☐ physical
☐ liver	☐ rheumatic fever	☐ growth	☐ physical deformity
☐ lungs	☐ heart murmur	☐ thyroid	☐ bulimia
☐ back bones	☐ TB	☐ stroke	☐ anorexia nervosa
☐ joints	☐ Other		

   Explain any disorder marked ______________________

   ____

   ____

   ____

7. Within the past 3 years, has Applicant consulted any doctor other than the one listed in #4, been hospitalized, or undergone medical studies? ____________ If so, explain ______________________

   ____

8. Is Applicant taking any medication, treatment or therapy? (provide name and dosage) ______________________

   ____

   ____

9. Applicant's childhood diseases (circle) None Measles Mumps Chickenpox Other: ______

10. Has Applicant ever been physically or sexually abused? ☐ Yes ☐ No If yes, explain ______

11. Has Applicant ever been or is he now sexually active? ☐ Yes ☐ No

Has Applicant ever had an STD? ☐ Yes ☐ No If yes, please specify ______

12. Has Applicant ever had to discontinue study for any length of time because of physical or nervous disturbance? ☐ Yes ☐ No

If *yes*, explain ______

How long? ______ Is he taking any medication now? ☐ Yes ☐ No Specify on page 10.

13. Has Applicant ever required the services of a psychiatrist, consulting psychologist or therapist? ☐ Yes ☐ No

If yes, indicate full names and addresses of those who have treated Applicant. Give dates and attach reports.

14. Has the Applicant ever taken Ritilan/Cylert or any other stimulants or anti-depressants.

If yes, please provide details ______

At Registration, you MUST submit a copy of Applicant's Immunization Record on Mississippi Department of Health Form 121 in order to enroll (page 15).

For out-of-state applicants: Your physician MUST complete Section B on page 15 and attach an out-of-state Immunization Record.

DAVID M. HEADLEY, M.D., P.A.
FELLOW A.B.F.P.
PLANTERS HOTEL CLINIC

405 MAIN • P.O. BOX 676
PORT GIBSON, MISSISSIPPI 39150
PHONE (601) 437-3113 • FAX (601) 437-8499

PATIENT INFORMATION

ACCOUNT NO.: ______________________ **DATE:** _______________
(OFFICE USE ONLY)

Patient Name: ____________________ SS#: ____________ Phone #: ____________

Mailing Address: ____________________ City: ____________ State: ______ Zip: ________

Age ________ Birthdate ____________ Race ________ Sex ________ Marital Status ______

911 Address: ____________________ Pharmacy Name: ____________________

Drug Allergies: ____

Employer: ____________________ Phone #: ____________

Spouse's Name: ____________________ Birthdate: ____________ SS#: ____________

Spouse's Employer: ____________________ Phone #: ____________

Nearest Relative (not living at your address): ____________________

Relationship to Patient: ____________________ Phone #: ____________

Person Responsible: ____________________ SS# ____________ Phone #: ____________

Relationship to Patient: ____________________ Birthdate: ____________

Address: ____________________ City: ____________ State: ______ Zip: ________

Employer: ____________________ Phone #: ____________

Medicaid #: ____________________ Medicare #: ____________________

Primary Insurance: ____________________ Phone #: ____________

Policyholder's Name: ____________________ ID# ____________ Group #: ____________

Secondary Insurance: ____________________ Phone #: ____________

ID #: ____________________ Group #: ____________________

AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION: I AUTHORIZE DAVID M. HEADLEY, M.D., TO RELEASE ANY MEDICAL INFORMATION REQUESTED BY MY INSURANCE COMPANY.

SIGNATURE____________________ DATE__________

PAYMENT AUTHORIZATION: I UNDERSTAND THAT I AM FINANCIALLY RESPONSIBLE TO DAVID M. HEADLEY, M.D., FOR ALL PRIVATE CHARGES FOR MEDICAL OR SURGICAL SERVICES RENDERED TO ME OR MY FAMILY. I HEREBY ASSIGN PAYMENT OF ANY INSURANCE BENEFITS THAT ARE FILED BY DAVID. M. HEADLEY, M.D., FOR SERVICES FOR MYSELF OR MY FAMILY. I UNDERSTAND THAT I AM RESPONSIBLE FOR THE TOTAL BILL REGARDLESS OF MY INSURANCE COVERAGE.

SIGNATURE____________________ DATE__________

MEDICARE AND/OR MEDICAID LIFETIME SIGNATURE

I REQUEST THAT PAYMENT OF AUTHORIZED MEDICARE AND/OR MEDICAID BENEFITS BE MADE EITHER TO ME OR ON MY BEHALF TO DAVID M. HEADLEY, M.D., FOR ANY SERVICES FURNISHED TO ME.

I UNDERSTAND ANY OR ALL CHARGES NOT APPROVED BY MEDICARE WILL BE MY FINANCIAL RESPONSIBILITY AND I WILL BE BILLED ACCORDINGLY.

SIGNATURE____________________ DATE__________

BY:____________________

MEDICAL EXAM (To be completed by examining physician)

Name of Applicant: ______________________________

Height: ______________ Weight: ______________ Blood Pressure: ______________ Pulse: ______________

		CHECK ONE:		EXPLAIN IF ABNORMAL:
1.	Skin	Normal ☐	Abnormal ☐	______________
2.	Head, Scalp	Normal ☐	Abnormal ☐	______________
3.	Eyes, Pupils	Normal ☐	Abnormal ☐	______________
4.	Fundoscopic	Normal ☐	Abnormal ☐	______________
5.	Ears	Normal ☐	Abnormal ☐	______________
6.	Nose & Sinuses	Normal ☐	Abnormal ☐	______________
7.	Mouth and Teeth	Normal ☐	Abnormal ☐	______________
8.	Pharynx & Tonsils	Normal ☐	Abnormal ☐	______________
9.	Lymphadenopathy	Normal ☐	Abnormal ☐	______________
10.	Breasts	Normal ☐	Abnormal ☐	______________
11.	Lungs	Normal ☐	Abnormal ☐	______________
12.	Neck, Trachea, Thyroid	Normal ☐	Abnormal ☐	______________
13.	Heart	Normal ☐	Abnormal ☐	______________
14.	Abdomen	Normal ☐	Abnormal ☐	______________
15.	Genitalia	Normal ☐	Abnormal ☐	______________
16.	Pelvic, Vaginal or Rectal	Normal ☐	Abnormal ☐	______________
17.	Spine & Musculoskeletal	Normal ☐	Abnormal ☐	______________
18.	Extremities	Normal ☐	Abnormal ☐	______________
19.	Reflexes	Normal ☐	Abnormal ☐	______________

EYE EXAMINATION:

Vision: R ______/______ L: ______/______

Corrected Vision: R ______/______ L: ______/______

HEARING EXAMINATION:

R: ______________________________

L: ______________________________

Comments: ______________________________

Do you consider Applicant physically fit to participate in Chamberlain-Hunt's athetic and military program? ______________

Do you advise any limitations of physical activity? ________ If *yes*, why? ______________________________

____

Does he appear emotionally stable? ☐ Yes ☐ No

Is Applicant taking any medication? ☐ Yes ☐ No If *yes*, please give prescription(s) ______________

Does the Applicant have any known sexually transmitted diseases? ☐ Yes ☐ No If *yes*, explain ______________

____

Please give past history of any serious illness, injury, surgery, drug reaction, additional comments, etc. ______________

____

Please return completed application to: Admissions Office, Chamberlain-Hunt Academy,
124 McComb Avenue, Port Gibson, MS 39150, Phone 601.437.8855, Fax 601.437.3212

REQUIRED LABORATORY STUDIES

Applicant cannot be accepted for admission unless all laboratory studies are completed.

1. CBC: __________ VDRL: __________ Blood Sugar: __________ Hb: __________

   gmWBC: __________ Differential: __________

2. Urine Analysis: Specific gravity: __________ alb: __________ Sugar: __________

   Microscopic: __________

3. Drug Screen (Attach Lab Results)

4. HIV Test (Attach Lab Results)

I hereby certify that the Applicant is free from any infectious disease, is in good general health, and is able to live and work in a military boarding school setting.

Signature of physician: __________ Date: __________

Print or type name of physican: __________

Address: __________ Phone: __________

City: __________ State: __________ Zip Code: __________

SPORT ELIGIBILITY

Rule 1, Sec. 13: No pupil shall be eligible to represent his/her school in interscholastic athletics unless there is, on file in the Superintendent's or Principal's Office, a physician's statement for the current year certifying that the pupil has passed an adequate physical examination, and that in the opinion of the examining physician he/she is fully able to participate in high school athletics.

This is to certify that on this __________ (Day) of __________ (Month), __________ (Year), I performed the above limited examination on __________ (Name of Patient), an Applicant for admission to Chamberlain-Hunt Academy, and based upon an evaluation of the medical history provided and upon my limited examination, I am of the opinion that he is physically able to participate in all military and athletic activities of the Academy.

Signature of physician: __________ (M.D. or D.O.)

Print or type name of physician: __________

MISSISSIPPI CERTIFICATE OF IMMUNIZATION COMPLIANCE

Form No. 121
Certificate of Immunization Compliance

Name of Child/
Student/Employee ______________________ SSN ____________ Birthdate ______________

Name of Parent ____

Address ____
Street City State Zip

SECTION A:

Vaccine	Date Each Dose Was Given				
	1st	2nd	3rd	4th	5th
Prevnar					
Varicella					
DTaP/DT/Td					
Hib					
Polio					
MMR					
Hep B					
Other					

☐ Check here if prior history of chicken pox

SECTION B: FOR OUT-OF-STATE APPLICANTS - **An out-of-state immunization form may be attached, however it is essential that your phyician also completes Section B**

The individual named above has met the immunization requirements for attendance or employment in a Mississippi daycare facility or entry into a Mississippi school, college, or university.

Please check (✔) one box only.

☐ Complete until school entry immunizations are due

☐ Complete for school, university/college, work requirements

☐ Incomplete-next immunization is due ______/______/______
Month Day Year

☐ Record in transit, valid until ______/______/______
Month Day Year

Date of serological confirmation of immunity

Measles ______/______/______
Month Day Year

Rubella ______/______/______
Month Day Year

Hepatitis B ______/______/______
Month Day Year

______________________ ______________________ ______/______/______
Signature of Physician/Health Provider *Signature and Title of Issuing Individual* *Month Day Year*

Hib is required only for day care, hepatitis B is required for 5 year old kindergarten entrants. Beginning School Year 2002-2003, varicella vaccine or hx of chicken pox will be required for entry into daycare and 5 year old kindergarten. Prevnare vaccine is recommended, not required.

MISSISSIPPI STATE DEPARTMENT OF HEALTH REVISED 8/27/01 FORM NO. 121

Please return completed application to: Admissions Office, Chamberlain-Hunt Academy, 124 McComb Avenue, Port Gibson, MS 39150, Phone 601.437.8855, Fax 601.437.3212

CONFIDENTIAL REFERENCE

This form must be completed by someone *outside* Applicant's family and must be mailed or faxed as soon as possible directly to the Admissions Office. (Reference may be completed by, for example, Applicant's minister, teacher, school counselor, principal, social worker, etc.)

Name of Applicant: ______________________________

1. Describe attitudes, personal relationships and atmosphere you have observed between Applicant and his parents. ____________

____

____

____

2. What is the relationship of the Applicant's parents?

☐ Married and living together ☐ Separated ☐ Divorced ☐ One parent deceased

☐ Other (please explain) ______________________________

____

3. Is Applicant living with at least one parent? ☐ Yes ☐ No If *no*, with whom is Applicant living? (grandparent, guardian, uncle, etc.)

____

4. Has Applicant slipped out of the house or run away from home? ☐ Yes ☐ No If *yes*, please give details. ____________

____

____

5. Has Applicant ever been expelled from school, had "in-school" suspension, or received other school discipline? ☐ Yes ☐ No

If *yes*, please give details. ______________________________

____

____

6. Has Applicant ever used any type of drugs, alcohol or tobacco? ☐ Yes ☐ No If *yes*, give details. ____________

____

____

7. Has Applicant ever been in any type of trouble with the police, courts, etc.? ☐ Yes ☐ No If *yes*, give details. ____________

____

____

8. Has Applicant ever stayed in any other home or institution? ☐ Yes ☐ No If *yes*, where and for what reason? ______________

____

____

____

9. Has Applicant ever been referred to or used services of a counseling psychologist or psychiatrist, had educational testing/evaluation or used special education resources? ☐ Yes ☐ No If *yes*, please attach a summary report including recommendations.

10. Are Applicant's sexual conduct and habits questionable? ☐ Yes ☐ No If *yes*, explain. ______________

____

____

11. Please give your opinion of Applicant's overall appearance, honesty, character, maturity level, etc. ______________

____

____

12. Applicant attends church ☐ regularly ☐ often ☐ seldom ☐ never ☐ unknown

If so, please give the church's name: ______________

13. Do you recommend Applicant for enrollment at Chamberlain-Hunt Academy? ☐ Yes ☐ No

Comments: ______________

____

14. Would you recommend Applicant to be a roommate for your child if you had a son attending Chamberlain-Hunt? ☐ Yes ☐ No

If *no*, why not? ______________

15. If you have further information which may assist in the guidance of this child while at Chamberlain-Hunt, such as pertinent data regarding medical history, or physical or sexual abuse, please indicate: ______________

____

____

Signed: ______________ Date: ______________

Relationship to Applicant: ______________

Address: ______________

City: ______________ State: ______________ Zip Code: ______________

Home Phone: ______________ Work/Cell Phone: ______________

CONFIDENTIAL REFERENCE

This form must be completed by someone *outside* Applicant's family and must be mailed or faxed as soon as possible directly to the Admissions Office. (Reference may be completed by, for example, Applicant's minister, teacher, school counselor, principal, social worker, etc.)

Name of Applicant: ____________________

1. Describe attitudes, personal relationships and atmosphere you have observed between Applicant and his parents. ____________________

2. What is the relationship of the Applicant's parents?

   ☐ Married and living together ☐ Separated ☐ Divorced ☐ One parent deceased

   ☐ Other (please explain) ____________________

3. Is Applicant living with at least one parent? ________ If *no*, with whom is Applicant living? (grandparent, guardian, uncle, etc.)

4. Has Applicant slipped out of the house or run away from home? ________ If *yes*, please give details. ____________________

5. Has Applicant ever been expelled from school, had "in-school" suspension, or received other school discipline? ________

   If *yes*, please give details. ____________________

6. Has Applicant ever used any type of drugs, alcohol or tobacco? ________ If *yes*, give details. ____________________

7. Has Applicant ever been in any type of trouble with the police, courts, etc.? ________ If *yes*, give details. ____________________

CONFIDENTIAL REFERENCE

8. Has Applicant ever stayed in any other home or institution? ☐ Yes ☐ No If *yes*, where and for what reason? ______________

____

____

____

9. Has Applicant ever been referred to or used services of a counseling psychologist or psychiatrist, had educational testing/evaluation or used special education resources? ☐ Yes ☐ No If *yes*, please attach a summary report including recommendations.

10. Are Applicant's sexual conduct and habits questionable? ☐ Yes ☐ No If *yes*, explain. ______________

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____

11. Please give your opinion of Applicant's overall appearance, honesty, character, maturity level, etc. ______________

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____

12. Applicant attends church ☐ regularly ☐ often ☐ seldom ☐ never ☐ unknown

If so, please give the church's name: ______________

13. Do you recommend Applicant for enrollment at Chamberlain-Hunt Academy? ☐ Yes ☐ No

Comments: ______________

____

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If *no*, why not? ______________

15. If you have further information which may assist in the guidance of this child while at Chamberlain-Hunt, such as pertinent data regarding medical history, or physical or sexual abuse, please indicate: ______________

____

____

Signed: ______________ Date: ______________

Relationship to Applicant: ______________

Address: ______________

City: ______________ State: ______________ Zip Code: ______________

Home Phone: ______________ Work/Cell Phone: ______________

ENROLLMENT FEES

FULL-YEAR ENROLLMENT:

The enrollment fee for the 2011-2012 academic year is $24,000. An enrollment contract and promissory note for the full year enrollment is required.

INTERNATIONAL CADET FULL-YEAR ENROLLMENT:

The enrollment fee for the 2011-2012 academic year is $29,000. An enrollment contract and promissory note for the full year enrollment is required.

SPRING SEMESTER ONLY ENROLLMENT:

The enrollment fee for the SPRING 2012 semester is $13,300. An enrollment contract and promissory note for the remaining part of the year is required.

ADVENTURE SUMMER SCHOOL:

The enrollment fee for the ADVENTURE SUMMER SCHOOL 2011 is $4,000 for a high school credit and $3,600 for the junior high enrichment course.

ADVENTURE CAMP:

All information related to Chamberlain-Hunt's Adventure Camp is available at our Academy's website.

Enrollment Fees include tuition, room & board, uniforms, some books and Cadet account. It does not include special sports equipment, lab or art materials, or consumable books.

A $1,000 non-refundable deposit (which is applied toward the Enrollment Fees when child is enrolled) is due and payable when acceptance of an applicant is communicated to his parents/guardians. Failure to pay the deposit upon acceptance may forfeit applicant's place in entering class.

Please contact the business office for details at 601.437.4291 ext. 243 or ext. 228.

For information regarding Sallie Mae Educational Loans, call 1.888.272.5543 or visit the website: www.salliemae.com/k12loan.

Both VISA and MASTERCARD accepted - Contact the Business Office for details.

• If a Cadet is suspended, expelled or voluntarily withdrawn from Chamberlain-Hunt for any reason, no part of the enrollment fee paid to Chamberlain-Hunt shall be refunded, and any unpaid balance for tuition, room and board, books, property damage, etc. is immediately due and payable to Chamberlain-Hunt Academy.

• Any refund due to the parent/guardian of such Cadet will be made after a 30-day waiting period so any outstanding bills may be charged to the Cadet's account and collected.