

STUDENT INFORMATION

Student's Name: _____ Nickname: _____
Last First Middle

Home Address: _____
Number and Street City State Zip Code

Mailing Address: _____
(If different) Number and Street City State Zip Code

Home Phone: _____ Fax: _____ E-mail: _____

Date of Birth: _____ Birthplace: _____

School Last Attended: _____
Name Phone Number

Number and Street City State Zip Code Grade Completed

Has student ever repeated a grade? _____ If so, which grade and why? _____

Special interests (music, photography, sports, etc.) _____

PARENT/GUARDIAN INFORMATION

Student lives with (check all that apply) _____ Mother_____ Father_____ Stepmother____Stepfather

Other (specify): _____

If relevant, please indicate to whom and where an additional copy of all correspondence should be sent.

Name: _____

Address: _____
Number and Street City State Zip Code

INFORMATION ABOUT (Check one): _____ Father_____ Stepmother_____ Guardian

Name: _____

Home address, if different: _____
Number and Street City State Zip Code

Home phone, if different: _____ Cell:_____ E-mail:_____

Business phone:_____ Fax: _____ E-mail: _____

INFORMATION ABOUT (Check one): _____ Mother_____ Stepmother_____ Guardian

Name: _____

Home address, if different: _____
Number and Street City State Zip Code

Home phone, if different: _____ Cell:_____ E-mail:_____

Business phone:_____ Fax: _____ E-mail: _____

Which resources did you use to learn about Freedom Mountain Academy?

Independent Educational Consultant Name:_____

Internet Site Name:_____

Other (please specify) Name:_____

EMERGENCY MEDICAL AND HEALTH STATEMENT

Student's Name: _____ Date of Birth: _____

Gender: M F Religious Preference (if any): _____

Before a student's application can be accepted, we must receive a current physician's statement that the applicant has no known heart, lung, orthopedic, or blood sugar imbalance problems that might be aggravated by mountaineering expeditions. (A current sports pre-participation physical evaluation form is acceptable.)

Please complete the following health and emergency medical information as fully as possible. Attach a separate sheet to give information regarding special medical needs and prescriptions.

Check if any of the following conditions exist. Give details in the space provided.

- _____ Physical handicaps _____
- _____ Current medical treatments _____
- _____ Current medications/supplements _____
- _____ Restrictions on physical activity _____
- _____ Restrictions on diet (food or drink) _____
- _____ Allergies or reactions to medicine _____
- _____ Problems with vision _____

Circle conditions that the student has had: measles mumps chicken pox appendicitis

List any serious accidents, illnesses or surgeries _____

Vaccination Records: Please attach a copy of current vaccination records. (Be sure tetanus booster is up to date.)

Health/Dental Insurance Information: Please attach a copy of the front and back of insurance card.

CONSENT TO EMERGENCY MEDICAL/DENTAL CARE AND AUTHORIZATION TO RELEASE INFORMATION

Although Freedom Mountain Academy will contact parents/guardians immediately in the event of emergency medical treatment, parents of students under eighteen years of age must sign and have notarized the following statement to allow possible emergency or dental care if necessary while the student is enrolled at Freedom Mountain Academy.

I hereby authorize Freedom Mountain Academy to arrange, and an emergency service agency and any physician or dentist associated with them, to give whatever care in their professional opinion is necessary for my minor child while a student at Freedom Mountain Academy. The School and any emergency service agency and their associated physicians, surgeons, and/or dentists, have my authorization to consult together as necessary. I hereby give my consent to an x-ray examination, anesthetic, medical, or surgical diagnosis or treatment and hospital service, and for the performance of an operation with whatever anesthesia is necessary at the discretion of the surgeon or anesthesiologist, whether such diagnosis or treatment is rendered at the physician’s office or at a licensed hospital. It is understood that this consent is given in advance of specific diagnosis or treatment which may be required and is given to authorize Freedom Mountain Academy, its Directors, or designees, and physicians to exercise their best judgment as to the requirements of such diagnosis or treatment. It is further understood that this consent authorizes Freedom Mountain Academy to communicate with health care providers regarding diagnosis and treatment for my minor child, and to have access to the same information regarding diagnosis and treatment accessible to me if I were present. I hereby accept all responsibility for expenses in connection with the above and understand that neither a hospital nor Freedom Mountain Academy is to assume financial responsibility for my minor child. Charges for emergency services will be honored by me as if I had arranged for those services in person. This authorization remains in effect until revoked in writing by me.

Signed this _____ day of _____, 20____
Parent/Guardian Signature

NOTARY INFORMATION

Name: _____ Commission Expires: _____

State: _____ County: _____

On this _____ day of _____, 20____

_____ who is personally known to me, appeared before me.

Seal:

REQUEST FOR RELEASE OF STUDENT RECORDS

Date: _____

To: **Records Office**

School Name

Number and Street

City

State

Zip Code

Re: _____

Student's Full Name

Date of Birth

The above-named student has been enrolled or has applied for enrollment at Freedom Mountain Academy. Would you kindly forward the cumulative records, including test scores or counseling information normally released by your school. Freedom Mountain Academy would especially appreciate counseling comments that would aid the school in working with this student.

I hereby authorize your school to furnish Freedom Mountain Academy any and all information of a psychological, educational, or other nature concerning my child. It is understood that this information will be used in a confidential and professional manner in the best interest of the student.

Signature of Parent/Guardian

Signature of Student (if over 18 years of age)

Please send all materials to:

**ADMISSIONS OFFICE
FREEDOM MOUNTAIN ACADEMY
519 Shingletown Road
Mountain City, Tennessee 37683**

TUITION PAYMENT OPTIONS

Freedom Mountain Academy’s all-inclusive tuition for the 2016-2017 school year includes room and board, book use and supplies, use of outdoor equipment, all uniform clothing, on-campus laundry use and purchase of sundries. Additional charges will be made for courses purchased for independent study (the cost of which cannot be determined until the specific course has been selected).

1. **FULL PAYMENT OPTION**

\$1500.00 Deposit required with application

1250.00 Fees for uniform and spending money required before August 15, 2016

24,750.00 Payment due by August 15, 2016

\$27,500.00 Total tuition for the 2016-2017 School Year

Signed this _____ day of _____, 20_____

Signature of Mother/Guardian

Signature of Father/Guardian

2. **MONTHLY PAYMENT OPTION**

Because this option involves considerably more work for Freedom Mountain Academy’s small staff, we charge a 12% service fee to those families who choose to make monthly payments. We encourage you to research other financing options and choose the one that makes the most sense for your family.

\$1500.00 Deposit required with application

1250.00 Fees for uniform and spending money required before August 15, 2016

3465.00 Payment due September 1st and the 1st of each remaining month October-April (\$27,720.00 total with 12% Service Fee included)

\$30,470.00 Total tuition for the 2016-2017 School Year

Signed this _____ day of _____, 20_____

Signature of Parent/Guardian

Signature of Parent/Guardian

FINANCIAL CONTRACT

I (we) the undersigned hereby apply for the enrollment of my (our) minor child as a student at Freedom Mountain Academy subject to the terms and conditions of this contract as stated on these sheets and in the Academy’s website, which I (we) have read and with which I (we) agree. I (we) understand and agree that, upon acceptance by Freedom Mountain Academy, this application becomes a contract between the Academy and myself (ourselves) for space in the school subject to all the terms, conditions, and provisions set forth on these pages and in the Academy’s website, which is expressly incorporated by reference into this contact and made part hereof. I (we) hereby certify that my (our) child and I (we) have read and understand the Freedom Mountain Academy Honor Code and my (our) child is ready to abide by these guidelines as a student of Freedom Mountain Academy.

Freedom Mountain Academy’s tuition for the full school year is payable in full in advance unless special arrangements have been made prior to August 15th of the academic year for which applying. A deposit of \$1500 is required with the application, which, upon acceptance, will be applied to the student’s tuition. In the event that the application is not accepted the full deposit will be refunded.

Freedom Mountain Academy’s admissions are limited to normal, active students who are able to take part in the range of opportunities available at the Academy. All students on being enrolled become subject to the rules and regulations prescribed by the Academy. A student is admitted only on condition that his or her parents delegate full authority to the Academy in all matters of discipline, including the inspection of all items brought on campus and contained in student rooms. Freedom Mountain Academy has no desire or intention to enroll undesirable students. Parents on making application vouch thereby for the ability of the student to abide by the Academy’s Honor Code, and represent him/her to be amenable to discipline, and agree that in the event of dismissal or withdrawal for any reason whatsoever, no refund will be made from full tuition paid or deduction made to tuition balance owed due to enrollment in monthly payment option.

Freedom Mountain Academy is a school of limited enrollment. Charges are made for a place in the school, not for a period of attendance. A student’s absence does not materially decrease the expenses of the Academy; hence, parents are responsible for the full payment of a school year.

School transcripts and records will be forwarded to another school or college only after our business account is cleared. If an account becomes delinquent, a service charge of 1.5% per month is added until the account is paid or other terms are agreed to by the Academy.

Signed this _____ day of _____, 20_____

Signature of Parent/Guardian

Signature of Parent/Guardian

HONOR CODE AND CONTRACT

OUR PART OF THE CONTRACT: We built **Freedom Mountain Academy** so that a few young people each year could attend a school where they would learn through living as well as through studying. Here at FMA we are a team. Everyone makes it to the top of the mountain on every one of our expeditions because we work together and no one gets left behind. The same spirit prevails in the classroom.

Life in a boarding school centers on community and fosters an awareness of personal responsibilities and rights. Sharing living space means sharing experiences, tolerating differences, and developing an awareness of the value of meaningful relationships. Life at **Freedom Mountain Academy** is founded on honesty, mutual trust, and respect for others. We require that every student abide by and support the rules established to ensure the rights of the individual as well as the well-being of the entire community.

YOUR PART OF THE CONTRACT: I choose to attend this school fully understanding that FMA seeks to provide a wholesome and productive environment in which to live and learn. As a result:

- I agree to make every effort to get along with my fellow classmates and prove myself worthy of trust.
- I agree to abide by the rules and conditions set forth by the Directors in all areas including, but in no way limited to those listed below:
 - The use of tobacco, alcohol, and recreational drugs is strictly forbidden.
 - Physical contact between students is strictly forbidden.
 - No electronic devices of any kind are allowed without approval.
 - No firearms are allowed.
 - Prescription drugs may be used only with the prior approval and direct supervision of the Directors or staff and may never be stored in student rooms.
 - Over-the-counter medications are allowed only with the prior approval and direct supervision of the Directors or staff and may never be stored in student rooms.
 - Clothing items are limited to those issued by the school and those that have been given specific approval by the Directors or staff.

If you have read this far and still think that Freedom Mountain Academy will provide you with an important year of adventure in your life – and you think that now is the time for that adventure, sign below and welcome aboard!

Date

Student Signature

Date

Parent/Guardian Signature

STUDENT SIZING INFORMATION

The following information is needed to accurately outfit the student for both on-campus clothing and mountaineering equipment.

Student Sizing Chart for: _____

Shoe Size (U.S.)	
Unisex Waist Size (e.g. 28, 30)	
Unisex Shirt Size (Sm., Med., Lg.)	
Head Size (Measure around widest point of head – record in inches)	
Height	
Approx. Weight	
Notes: Please note if there are any specific variations to regular sizing – e.g. long shirt, narrow foot, etc.	



Freedom Mountain Academy General Media Permission Form

Please check Yes or No for each statement:

Print:

I grant permission for **photos of my child's** participation in school activities to appear in the Freedom Mountain Academy monthly publication *Mountain Musings*. My child's **FIRST NAME** and last initial may appear with his/her photo.

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

I grant permission for **photos of my child's** participation in school activities to appear in a local newspaper and/or magazine article about Freedom Mountain Academy. My child's **LAST NAME** may appear with his/her photo.

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

World Wide Web:

I grant permission for **photos and/or video clips of my child's** participation in school activities to appear on Freedom Mountain Academy's web pages.

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

I grant permission for **my child's work** to be posted on Freedom Mountain Academy's web pages, using my child's first name and last initial only. I understand that, in the event that anyone requests permission to copy or use my child's work, those requests will be forwarded to me/us for specific permission.

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

Educational Presentations:

I grant permission for Freedom Mountain Academy staff to present examples (print, digital, or video) of my child's work and/or participation in school activities at educational conferences, workshops, or classes, and at venues that promote the school. This may include television broadcasts.

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

Yearbooks & Commemorations:

I grant permission for Freedom Mountain Academy to include photos of my child and/or examples of my child's work and/or participation in school activities in yearbooks, slide shows, or albums that may be distributed in printed or digital form.

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

Students' addresses, phone numbers, and email addresses will NOT be published.

I understand that the viewing and use of this material once published or posted cannot be controlled by Freedom Mountain Academy.

Signature of Parent/Guardian

Printed Name of Parent/Guardian

Signature of Student

Printed Name of Student