

SILLIMAN INSTITUTE
Student Application

Student's Name (first/middle/last): _____

Student's Nickname: _____

Student's Cell Phone Number: _____ Student's Email: _____

Gender: _____ Ethnicity (circle one): Hispanic/Latino or non-Hispanic/Latino

Race(circle one): American Indian, Asian, Black, Pacific Islander, White

Grade Entering: _____ Birth Date: _____ SS#: _____

Father's Name: _____

Mother's Name: _____

Address: _____

Address: _____

Home Phone: _____

Home Phone: _____

Cell Phone: _____

Cell Phone: _____

Employment: _____

Employment: _____

Work Phone: _____

Work Phone: _____

Email address: _____

Email address: _____

Is Father an: Alumni of Silliman and/or
(Check if applicable) a Silliman Stockholder

Is Mother an: Alumni of Silliman and/or
(Check if applicable) a Silliman Stockholder

Please attach a copy of this student's **birth certificate, social security card, and immunization record, AS WELL AS** the most recent report card available, **PLUS** copies of the latest standardized testing. **If the above information is not attached, this application will be held until it is received and other completed applications will be considered first.**

List all schools attended by this applicant from most recent back:

Name of School	Grade/s attended	Reason for leaving
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Has the applicant ever been suspended or expelled for behavioral problems? Yes No

If yes, explain the circumstances: _____

Has the applicant ever been suspended or expelled for Drug/Alcohol or other controlled substance related incidents? Yes No

If Yes, explain the circumstances: _____

If any suspension is current, when may the student return to his present school? _____

Has the student been asked to leave a school for any reason or left voluntarily to avoid suspension or expulsion?

Has this student ever been arrested for a felony? _____ Explain _____.

Does this student require any special accommodations? _____

Explain. _____

Sibling Information:

List all siblings and where they have attended school for the past three years.

Name	Birth Date	Schools
_____	_____	_____
_____	_____	_____
_____	_____	_____

Silliman Policies: Read the following policies carefully!

Understand that if this applicant is accepted at Silliman Institute, the applicant is subject to any or all disciplinary action (such as Detention, Suspension, Expulsion, and under appropriate circumstances, Paddling).

Also understand that if the applicant is accepted at Silliman Institute, the applicant is subject to random drug testing.

SPECIAL NOTE: Reference HANDBOOK - Student Responsibilities - last two paragraphs-

“It is understood that attendance at Silliman Institute is a privilege. This privilege may be forfeited by any student who does not conform to the standards and regulations of the institution. Silliman Institute may request the withdrawal of any student at any time who, in the opinion of the institution, does not fit into the spirit of the institution regardless of whether or not he/she conforms to the specific rules and regulations of Silliman Institute.”

All applicants are reviewed by Silliman Administration. This process may take up to 7 days. Silliman reserves the right to refuse admission to anyone based on their prior disciplinary history, any special accommodations that we may not be able to reasonably meet, or any valid reasons that are not prohibited by law. All first time enrollees are subject to a 18 week (full semester) probation period. Continued attendance is contingent upon the enrollee conforming to Silliman standards and regulations.

Silliman Institute does not discriminate on the basis of race, color, national origin, sex, age, religion or disability in admissions to, or treatment in, its programs and activities.

To the best of my knowledge, the above information is true and accurate. I have read the above stipulations and agree to these terms. I understand that if any of the above information is found to be incorrect, my application will not be considered, and my student will not be allowed to attend Silliman. If any information has been falsified, the student may be subject to expulsion.

NOTE: If you have an exception to the above stipulations, please indicate this in the area below the signatures.

Parent/Guardian Signature

Date

This application should be accompanied by \$50 cash non-refundable fee.

OFFICE USE ONLY:

Date Received: _____ Received by: _____ Approved by: _____

<input type="checkbox"/> Application Fee	<input type="checkbox"/> Birth Certificate	<input type="checkbox"/> Social Security Card	<input type="checkbox"/> Immunization Records
<input type="checkbox"/> Promissory Note	<input type="checkbox"/> Fee Schedule	<input type="checkbox"/> School Records	<input type="checkbox"/> Standardized Tests
<input type="checkbox"/> Load in RenWeb			

FAMILY INFORMATION

Student's Name: _____

Party responsible for paying the tuition:

Name: _____

Relationship to student: _____

Address: _____

Phone Number: _____

Child/Children reside with:

Name: _____

Relationship to student: _____

Address: _____

Phone Number: _____

In case of an emergency and you can not be reached, list the parties to be contacted in priority order:

Name Relationship Phone #

Name Relationship Phone #

Name Relationship Phone #

List persons authorized to pick up your children:
