

# Sussex Academy

**Addendum Application to Delaware Standard Application**

**School Year: 2020-2021**

**Open Application Period for Elementary Students (K-5): March 20, 2020 - April 9, 2020**

<b>Student Name</b>		
Last	First	Middle Initial
Current Grade (Check One) <input type="checkbox"/> PK <input type="checkbox"/> K <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10		
Grade for which you are applying (Check one) <input type="checkbox"/> K <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11		
Preference Status as outlined in Policy 501 Admissions and Enrollment		
I am Seeking Preference status for my child:		<input type="checkbox"/> Yes <input type="checkbox"/> No
Please list any siblings <u>currently attending</u> Sussex Academy		Current Grade
Please list any siblings <u>also applying</u> for 2020-2021 school year <small>(Note: Each student applying requires a separate application)</small>		Grade Applying for
Parent/Guardian Signature:		Date:

For Office Use Only: Date Received: _____ 2019-20 Grade ____ App No: _____ Pref: Y or N
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Sussex Academy does not discriminate in employment or educational programs, services, or activities based on race, religion, age, gender, national origin, or disability in accordance with state and federal laws.
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**Return completed application to Sussex Academy, 21150 Airport Road, Georgetown, De 19947.**  
*NO FAXED OR EMAILED applications will be accepted. To be considered, all seven (7) pages of this application must be completed and returned. Once openings are filled, remaining applicants will be placed on a waiting list. All applicants will be notified of their status by mail.*

Parents, please respond to the following questions:

Is your child a self-motivated learner?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does your child work well in an independent academic environment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does your child work well in small groups?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does your child respond positively to instructional challenges?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Why is Sussex Academy a good choice for your child?

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Please initial each box below to confirm that you have read and understand the following:

I understand that if my child is newly enrolled (in first year) at Sussex Academy that he/she is required under Delaware statute to remain at Sussex Academy for one year in the absence of any condition constituting good cause.

I understand the Student Code of Conduct, contents of the Student Handbook and other school expectations relative to technology, curriculum/instruction, school uniforms/decorum/dress, and parent involvement. I agree to abide with those expectations, rules, and procedures established by the school.

I certify I am a Delaware resident AND my district residency information is correct.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

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