



# ELITE ATHLETIC ACADEMY

A Specialized Division of Success Unlimited Academy

2328 Fairlane Drive • Montgomery, AL 36116 • (334) 213-0803

www.suacademy.com

Student's Name (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone # (\_\_\_\_) \_\_\_\_\_ Mobile Phone # (\_\_\_\_) \_\_\_\_\_ Student's Email \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_ Male \_\_\_\_ Female Social Security Number \_\_\_\_\_

Place of Birth \_\_\_\_\_ Student's Race \_\_\_\_ Caucasian \_\_\_\_ African-American \_\_\_\_ Hispanic \_\_\_\_ Asian \_\_\_\_ Other

Current School \_\_\_\_\_ Public ( ) Private ( ) Current Grade Level \_\_\_\_\_ Ever repeated a grade? \_\_\_\_\_

Father's Name (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_

Father's Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Father's Home Phone # (\_\_\_\_) \_\_\_\_\_ Father's Mobile # (\_\_\_\_) \_\_\_\_\_ Father's Work # (\_\_\_\_) \_\_\_\_\_

Father's Email \_\_\_\_\_ Father's Employer \_\_\_\_\_

Father's Social Security # \_\_\_\_\_ Other point of contact, & Phone # \_\_\_\_\_

Mother's Name (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_

Mother's Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Mother's Home Phone # (\_\_\_\_) \_\_\_\_\_ Mother's Mobile # (\_\_\_\_) \_\_\_\_\_ Mother's Work # (\_\_\_\_) \_\_\_\_\_

Mother's Email \_\_\_\_\_ Mother's Employer \_\_\_\_\_

Mother's Social Security # \_\_\_\_\_ Other point of contact, & Phone # \_\_\_\_\_

Please specify you are applying for: (\_\_\_\_) ELITE ATHLETIC ACADEMY

Has your student ever been suspended or expelled? (\_\_\_\_) No (\_\_\_\_) Yes, if yes, explain:

\_\_\_\_\_

List any medications taken regularly, and their purpose \_\_\_\_\_

Does student have an identified disability? Please list, \_\_\_\_\_

Does student have an IEP (Individual Education Plan)? (\_\_\_\_) No (\_\_\_\_) Yes, please, provide documentation to admissions.

Does student have any special learning needs? (\_\_\_\_) No (\_\_\_\_) Yes, please explain

\_\_\_\_\_

\_\_\_\_\_

**COMPLETE BACK SIDE ALSO**

Has your student ever been enrolled in private education before? ( ) No ( ) Yes

If yes, name of school? \_\_\_\_\_ Location? \_\_\_\_\_

When? \_\_\_\_\_ Grades? \_\_\_\_\_

Did you leave that school in good standing? \_\_\_\_\_ If no, explain \_\_\_\_\_

Were any fees or tuition left outstanding? \_\_\_\_\_ If yes, explain \_\_\_\_\_

Do you wish to share any other information which will be useful in the admissions process?

**ATHLETIC PROGRAM**

**(Requirement: Participation in a minimum of two (2) sports per school year)**

Put a check in the box to the right of the two sports

BASEBALL	<input type="checkbox"/>	SOCCER	<input type="checkbox"/>
BASKETBALL	<input type="checkbox"/>	TRACK	<input type="checkbox"/>
FOOTBALL	<input type="checkbox"/>	WEIGHTLIFTING	<input type="checkbox"/>

Please list your athletic experience in each of the two sports you are applying for the upcoming school year.

List sports you've played in the past:

\_\_\_\_\_

\_\_\_\_\_

**ATHLETIC EXPERIENCE**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How did you hear about Success Unlimited Academy?

- Referred, by whom? \_\_\_\_\_
- Television/Radio
- Billboards/Printed Advertisements
- Social Media
- Other \_\_\_\_\_

**FOR OFFICIAL USE ONLY:**

- Athlete has met the admissions criteria
- Athlete has met the admissions requirements
- Athlete has submitted all required admissions paperwork
- Athlete **is accepted** for admissions
- Athlete **is not accepted** for admissions

Date: \_\_\_\_\_

Headmaster's signature: \_\_\_\_\_

Athletic Director's signature \_\_\_\_\_

I, (Parent's name) \_\_\_\_\_, for (Athlete's name) \_\_\_\_\_, submit this application to be admitted to the ELITE ATHLETIC ACADEMY, a Specialized Division of Success Unlimited Academy. I hereby agree that my athlete shall abide by all rules and regulations of the academy, as well as the decisions of the Athletic Advisory Board. I agree that the ELITE ATHLETIC ACADEMY shall not be responsible for any accident or injury caused to my athlete during training or practice. My athlete shall cooperate in maintaining discipline and carrying out the goals and objectives of the academy.

Date: \_\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_