

*Granville Academy Northern Virginia
Preparing Youth for Success in the Global Marketplace*



To God, To Family, To Friends

Granville Academy Application

Student Information (Print in Ink or Type response to all questions;
Students Must Be Entering: 8th, 9th or 10th Grade in September 2009)

1. Student Name: _____
2. Address: _____
City: _____ State: _____ Zip Code: _____
3. AGE: _____ 4. Sex: _____ 5. Birth date: _____
Month/Day/Year
6. Telephone Number: _____
7. Parents E-Mail Number: _____

Education Information

8. Name and Address of Current School: _____

9. Name of School Counselor: _____
10. Telephone number of current school: _____
11. Name and Address of school you will attend in September:

12. Grade you will be in September: _____

Family Information

13. Father's Name: _____ Occupation: _____

14. Mother's Name: _____ Occupation: _____

15. Guardian's Name: _____ Occupation: _____

16. Parent or Guardian you will live with: _____

17. List your brother(s) and sister(s) full name(s) and age(s) if any:

18. Language, other than English, spoken in your home: _____

19. Has anyone in your immediate family completed college? ___ Yes ___ No

If Yes, Who? Name: _____ Relationship: _____

20. What is your ethnic group? ___ Black ___ Native American
___ Hispanic (Specify) ___ Asian (Specify) ___ Caucasian ___ Other

Mail Application To:
Michael Artson
Granville Academy Northern Virginia
P.O. Box 505
Occoquan, VA 22125

For Additional Information or Questions, Call:
Tel# (571)229-0707

