

# APPLICATION CHECKLIST

Before you put your application in the mail, please double check everything to be sure that:

1) all forms are completed in their entirety, 2) all necessary signatures are in place, and 3) all requested documents are included.

- Application
- Application Fee (**non-refundable** \$50)
- Handwritten Essay (select one topic)  
**How can The Piney Woods School prepare you to be a Leader?**  
OR  
**What does Leadership mean to you?**
- Recent Photo (**required**)
- Transcript Request/School Report (**required**)
- English Teacher Recommendation (**required**)
- Mathematics Teacher Recommendation (**required**)
- Student Social History (**signed, dated and notarized**)
- Immunization Record (**Form No. 121**)

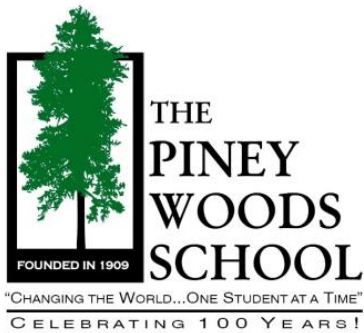
## ADDITIONAL DOCUMENTS

- Unofficial transcript (for the school year 20\_\_\_\_ - 20\_\_\_\_)
- Current Grades
- Copy of Certified Birth Certificate
- Copy of Social Security Card

The Admissions Application **will not** be reviewed until **ALL** documents above are received. If you have any questions or concerns, please feel free to contact:

Ronald Huddleston  
Recruiter  
Office of Admissions  
(601) 845 – 2214, ext. 223

OR  
Theresa Wansley  
Director of Records and Academic Counseling Services  
Academics Department  
(601) 845 – 2214, ext. 2272



## CRITERIA FOR BECOMING A PINEY WOODS STUDENT

We actively seek to enroll students with appropriate educational and social values who show academic promise and want a superior academic education that is undergirded by a strong Christian experience. In order to apply for admissions to The Piney Woods School, prospective students must:

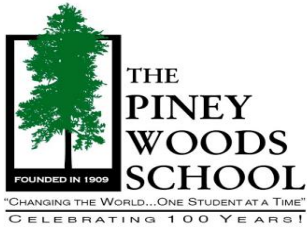
1. Show academic potential and seriousness about receiving a good education.
2. Have a good record of psychosocial values (must not have a record of school expulsions, suspensions, or arrests.)
3. Have a 2.0 g.p.a. = “C” average or better in all academic subjects.
4. Be on grade level or above in all core subjects.
5. Provide positive social and behavioral statements from present school (Social History).
6. Demonstrate good citizenship and leadership skills.
7. Receive satisfactory recommendations from:
  - a. Current English Teacher
  - b. Current Mathematics Teacher
  - c. Guidance Counselor or Principal (Transcript Request/School Report Form)

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### The Piney Woods School

Office of Admissions  
P.O. Box 100  
Piney Woods, MS 39148  
Tel: (601) 845 – 2214, ext. 2223  
Fax: (601) 845 – 2604



# ADMISSIONS APPLICATION

P.O. Box 100 ♦ Piney Woods, MS 39148  
tel (601) 845 – 2214, ext. 2223 ♦ fax (601) 845 – 2604

## APPLICANT

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_ Nickname \_\_\_\_\_  
 Male  Female  
 Date of Birth \_\_\_\_\_ Country of Birth \_\_\_\_\_ Language Spoken \_\_\_\_\_  
 Students' Social Security # \_\_\_\_\_ Have you applied here before?  No  Yes In what year? \_\_\_\_\_  
 Home Address \_\_\_\_\_ Post Office Box \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Telephone Number (please include area/country code) \_\_\_\_\_ Cellular Telephone Number (please include area/country code) \_\_\_\_\_  
 Present School \_\_\_\_\_ Grade \_\_\_\_\_ Telephone Number (please include area/country code) \_\_\_\_\_  
 Address of School \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Principal \_\_\_\_\_ Counselor \_\_\_\_\_

I am applying as:

Freshman – 9<sup>th</sup>

Sophomore – 10<sup>th</sup>

Junior – 11<sup>th</sup>

I am applying for:

Fall Semester 20\_\_\_\_\_

Spring Semester 20\_\_\_\_\_

## MOTHER

Name \_\_\_\_\_ Completed  High School  GED  College  
 Grad School  Other \_\_\_\_\_  
 Address (if different from applicant's; please be sure to include ZIP CODE) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Number (include area/country code) \_\_\_\_\_ Cellular Number (include area/country code) \_\_\_\_\_ Work Number (include area/country code) \_\_\_\_\_  
 Occupation \_\_\_\_\_ Email Address \_\_\_\_\_

## FATHER

Name \_\_\_\_\_ Completed  High School  GED  College  
 Grad School  Other \_\_\_\_\_  
 Address (if different from applicant's; please be sure to include ZIP CODE) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Number (include area/country code) \_\_\_\_\_ Cellular Number (include area/country code) \_\_\_\_\_ Work Number (include area/country code) \_\_\_\_\_  
 Occupation \_\_\_\_\_ Email Address \_\_\_\_\_

## GUARDIAN

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Completed  High School  GED  College  
 Grad School  Other \_\_\_\_\_  
 Address (if different from applicant's; please be sure to include ZIP CODE) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Number (include area/country code) \_\_\_\_\_ Cellular Number (include area/country code) \_\_\_\_\_ Work Number (include area/country code) \_\_\_\_\_  
 Occupation \_\_\_\_\_ Email Address \_\_\_\_\_

**PLEASE CHECK ALL THAT APPLY:**  married  divorced  single parent  separated  mother is remarried  
 father is remarried  widow  
**Who has custody of this applicant?**  mother  father  joint  Other \_\_\_\_\_  
 (Legal documentation is required.)

## SPECIAL TALENTS

What special talents and/or interests does your child possess? Be specific (i.e., singing, playing musical instruments, other artistic talent, athletic abilities, etc.)

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## OTHER INFORMATION

How did you learn about The Piney Woods School? \_\_\_\_\_

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What are your educational goals for your daughter or son? \_\_\_\_\_

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Name the person(s) you know who attends our attended The Piney Woods School. \_\_\_\_\_

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Does your child have a special handicap need?  No  Yes If yes, please list. \_\_\_\_\_

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Are there any experiences that have influenced your son or daughter of which we should be aware? \_\_\_\_\_

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Has your child ever experienced social or emotional difficulties?  No  Yes If yes, and received counseling, please forward copy of evaluation.

List any serious illnesses, operations, or accidents. Please include child's approximate age at the time. \_\_\_\_\_

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Student's Signature	(Print)	Date
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Mother/Female Signature	(Print)	Date
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Father/Male Signature	(Print)	Date
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Name of Person Responsible for Tuition	Email Address
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Address (if different from applicant's; please be sure to include ZIP CODE)	City	State	Zip
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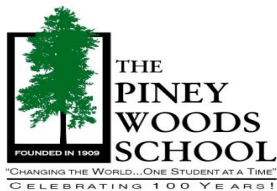
Home Number (include area/country code)	Cellular Number (include area/country code)	Work Number (include area/country code)
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Signature	(Print Name)	Date
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**A non-refundable application fee of \$50 in the form of a money order or cashier's check made payable to THE PINEY WOODS SCHOOL must accompany this application.**

The Piney Woods School does not discriminate on the basis of physical handicap, race, creed, color, or gender in the administration of educational policies enrollment, scholarships, and other school programs. The school affords each student the full range of social, academic, and athletic opportunities.
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## TRANSCRIPT REQUEST/ SCHOOL REPORT

Applicant's First Name \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

### INSTRUCTIONS FOR GUIDANCE COUNSELOR OR PRINCIPAL

This student is a candidate for admissions to The Piney Woods School. Please complete both sides of this form and attach:

- an unofficial transcript (school record, including **CURRENT GRADES**)
- a record of this student's standardized test results
- a school profile

Return this form and the above items to: The Piney Woods School, Office of Admissions, P.O. Box 69, Piney Woods, MS 39148-0069.

\_\_\_\_\_  Public  Private  
School Name

\_\_\_\_\_ City/Town \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_ Zip \_\_\_\_\_  
Address

\_\_\_\_\_ E-mail Address \_\_\_\_\_ Principal or Head of School \_\_\_\_\_

\_\_\_\_\_ Applicant's Entrance Date \_\_\_\_\_ Grading Scale \_\_\_\_\_ Passing Mark \_\_\_\_\_ Honors Mark \_\_\_\_\_

Applicant ranks \_\_\_\_\_ in a class of \_\_\_\_\_ students.

Are classes sectioned according to ability?  No  Yes If yes, please indicate what section the applicant is in or the task he/she is on (i.e., honors, college preparatory, advanced, regular, other):

\_\_\_\_\_  
\_\_\_\_\_

### ACADEMIC INFORMATION

How many schools has the applicant attended in the past three (3) years? \_\_\_\_\_

How long has the applicant attended the above school? \_\_\_\_\_ Cumulative Grade Point Average (circle one) **A B C D F**

Type of Curriculum:  College Preparatory  Vocational  Elementary  
 Special Education  Gifted  General  
 Home Schooling

Has applicant been suspended or expelled from school within the past year?  No  Yes If yes, what was the reason?

\_\_\_\_\_  
\_\_\_\_\_

Has applicant previously attended boarding school?  No  Yes If yes, list boarding school and dates of attendance.

\_\_\_\_\_

**Please comment on the following:**

1. Applicant's maturity in relation to his or her peers. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
2. Extent of need for supervision. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. Academic achievement versus ability? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
4. Are there any factors to date that have influenced the applicant's academic and social progress of which The Piney Woods School should be aware? Also, please rate their social skills from 1 to 5, with 5 being excellent.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
5. Are there health problems (physical or emotional) of which The Piney Woods School should be aware?  
\_\_\_\_\_  
\_\_\_\_\_
6. Has the applicant ever been involved in a serious infraction of school rules? If yes, please specify.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I recommend this applicant for admission:

- enthusiastically     strongly     mildly     with reservation     not at all

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name (please print)

We appreciate the time and effort required to complete this evaluation. Your thoughtful comments will help us gain a better understanding of the applicant as an individual and as a student.

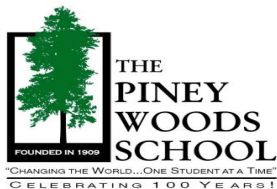
Please send me additional information about The Piney Woods School.

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**The Piney Woods School**

Office of Admissions ♦ P.O. Box 100 ♦ Piney Woods, MS 39148 ♦ tel: (601) 845 – 2214, ext. 2223 ♦ fax: (601) 845 - 2604



## RECOMMENDATION FROM CURRENT ENGLISH TEACHER

### INSTRUCTIONS FOR APPLICANT

Fill in your full name below and give this form to your current English teacher. The form should be returned to our Office of Admissions.

Applicant's First Name \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

### INSTRUCTIONS FOR TEACHER

This student is an applicant for admission to The Piney Woods School. Please complete both sides of this form and return it to: The Piney Woods School, Office of Admissions, P.O. Box 69, Piney Woods, MS 39148-0069.

1. In what subjects and during which academic years have you taught the applicant? (Please indicate course and level.)

\_\_\_\_\_

\_\_\_\_\_

2. In what other capacities have you known the applicant?

\_\_\_\_\_

\_\_\_\_\_

3. In relation to others in the same age group whom you have known, please rate applicant in the following areas by placing an "X" on the appropriate line in each row.

#### ACADEMIC EVALUATION

	Outstanding	Excellent	Good	Average	Below Average	Poor	N/A
Academic potential	_____	_____	_____	_____	_____	_____	_____
Academic achievement	_____	_____	_____	_____	_____	_____	_____
Ability to work independently	_____	_____	_____	_____	_____	_____	_____
Imagination/ creativity	_____	_____	_____	_____	_____	_____	_____
Intellectual curiosity	_____	_____	_____	_____	_____	_____	_____
Clarity of writing style	_____	_____	_____	_____	_____	_____	_____
Oral expressions	_____	_____	_____	_____	_____	_____	_____
Effort / persistence	_____	_____	_____	_____	_____	_____	_____
Ability to hand in work on time	_____	_____	_____	_____	_____	_____	_____
Study habits	_____	_____	_____	_____	_____	_____	_____

#### PERSONAL EVALUATION

	Outstanding	Excellent	Good	Average	Below Average	Poor	N/A
Conduct	_____	_____	_____	_____	_____	_____	_____
Emotional stability	_____	_____	_____	_____	_____	_____	_____
Maturity	_____	_____	_____	_____	_____	_____	_____
Personal integrity	_____	_____	_____	_____	_____	_____	_____
Peer compatibility	_____	_____	_____	_____	_____	_____	_____
Relationship to adults	_____	_____	_____	_____	_____	_____	_____
Self-confidence	_____	_____	_____	_____	_____	_____	_____
Sense of humor	_____	_____	_____	_____	_____	_____	_____



**Please comment on the following:**

4. What course would you recommend this applicant take next year? \_\_\_\_\_  
\_\_\_\_\_
5. The applicant's ability to move from literal to figurative interpretations. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
6. The applicant's ability to organize and communicate ideas verbally and in writing. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
7. The applicant's ability to learn from his or her mistakes. \_\_\_\_\_  
\_\_\_\_\_
8. Are there particular strengths or weaknesses of which you feel the Admissions Committee should be aware? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
9. Additional thoughts and comments are welcome. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
10. If you have any reason to question the integrity of the applicant, please explain on a separate sheet of school letterhead.

I recommend this applicant for admission:

- enthusiastically     strongly     mildly     with reservation     not at all

\_\_\_\_\_  
Teacher's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Teacher's Name (please print)

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
City/Town

\_\_\_\_\_  
State

\_\_\_\_\_  
Country

\_\_\_\_\_  
Zip

We appreciate the time and effort required to complete this evaluation. Your thoughtful comments will help us gain a better understanding of the applicant as an individual and as a student.

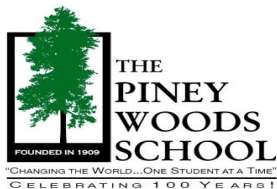
- Please send me additional information about The Piney Woods School.

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Office of Admissions ♦ P.O. Box 100 ♦ Piney Woods, MS 39148 ♦ tel: (601) 845 – 2214, ext. 2223 ♦ fax: (601) 845 - 2604



## RECOMMENDATION FROM CURRENT MATHEMATICS TEACHER

### INSTRUCTIONS FOR APPLICANT

Fill in your full name below and give this form to your current Mathematics teacher. The form should be returned to our Office of Admissions.

Applicant's First Name Middle Last

### INSTRUCTIONS FOR TEACHER

This student is an applicant for admission to The Piney Woods School. Please complete both sides of this form and return it to: The Piney Woods School, Office of Admissions, P.O. Box 69, Piney Woods, MS 39148-0069.

1. In what subjects and during which academic years have you taught the applicant? (Please indicate course and level.)

\_\_\_\_\_

\_\_\_\_\_

2. In what other capacities have you known the applicant?

\_\_\_\_\_

\_\_\_\_\_

3. In relation to others in the same age group whom you have known, please rate applicant in the following areas by placing an "X" on the appropriate line in each row.

#### ACADEMIC EVALUATION

	Outstanding	Excellent	Good	Average	Below Average	Poor	N/A
Academic potential	_____	_____	_____	_____	_____	_____	_____
Academic achievement	_____	_____	_____	_____	_____	_____	_____
Ability to work independently	_____	_____	_____	_____	_____	_____	_____
Imagination/ creativity	_____	_____	_____	_____	_____	_____	_____
Intellectual curiosity	_____	_____	_____	_____	_____	_____	_____
Clarity of writing style	_____	_____	_____	_____	_____	_____	_____
Oral expressions	_____	_____	_____	_____	_____	_____	_____
Effort / persistence	_____	_____	_____	_____	_____	_____	_____
Ability to hand in work on time	_____	_____	_____	_____	_____	_____	_____
Study habits	_____	_____	_____	_____	_____	_____	_____

#### PERSONAL EVALUATION

	Outstanding	Excellent	Good	Average	Below Average	Poor	N/A
Conduct	_____	_____	_____	_____	_____	_____	_____
Emotional stability	_____	_____	_____	_____	_____	_____	_____
Maturity	_____	_____	_____	_____	_____	_____	_____
Personal integrity	_____	_____	_____	_____	_____	_____	_____
Peer compatibility	_____	_____	_____	_____	_____	_____	_____
Relationship to adults	_____	_____	_____	_____	_____	_____	_____
Self-confidence	_____	_____	_____	_____	_____	_____	_____
Sense of humor	_____	_____	_____	_____	_____	_____	_____

**Please comment on the following:**

4. What course would you recommend this applicant take next year? \_\_\_\_\_  
\_\_\_\_\_
5. The applicant's ability to learn from his or her mistakes. \_\_\_\_\_  
\_\_\_\_\_
6. Are there particular strengths or weaknesses of which you feel the Admissions Committee should be aware? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
7. Additional thoughts and comments are welcome. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
8. If you have any reason to question the integrity of the applicant, please explain on a separate sheet of school letterhead.

I recommend this applicant for admission:

enthusiastically     strongly     mildly     with reservation     not at all

\_\_\_\_\_  
Teacher's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Teacher's Name (please print)

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
City/Town

\_\_\_\_\_  
State

\_\_\_\_\_  
Country

\_\_\_\_\_  
Zip

We appreciate the time and effort required to complete this evaluation. Your thoughtful comments will help us gain a better understanding of the applicant as an individual and as a student.

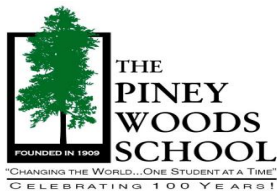
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# STUDENT SOCIAL HISTORY

This Social History must be completed by the Parent or Legal Guardian. The parent and/or legal guardian must also sign this document in the presence of a notary public. The Admissions Application is not complete and will not be considered for acceptance until the Social History is completed and received by the Office of Admissions at The Piney Woods School.

**All information provided in the Social History will be kept strictly confidential.**

## STUDENT INFORMATION

Name \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Race \_\_\_\_\_ Gender \_\_\_\_\_ Grade \_\_\_\_\_ Social Security # \_\_\_\_\_

Longest period of time spent away from home \_\_\_\_\_ U.S. Citizen  No  Yes

Currently resides in the United States?  No  Yes If no, does applicant have a sponsor in the United States?  No  Yes

If yes, please identify sponsor: Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Sponsor's Home # (including area/country code) \_\_\_\_\_ Cellular # \_\_\_\_\_

Sponsor's E-Mail Address \_\_\_\_\_

## FAMILY INFORMATION

Mother's Name _____ Address _____ _____ Home # _____ Cellular # _____ Work # _____	Father's Name _____ Address _____ _____ Home # _____ Cellular # _____ Work # _____
Female Legal Guardian _____ Address _____ _____ Home # _____ Cellular # _____ Work # _____	Male Legal Guardian _____ Address _____ _____ Home # _____ Cellular # _____ Work # _____

Number of siblings: \_\_\_\_\_. Please list below.

Name \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

**Other household members (other than parent/guardians or siblings)**

Name \_\_\_\_\_ Age \_\_\_\_ Relationship to Applicant \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_ Relationship to Applicant \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_ Relationship to Applicant \_\_\_\_\_

How many times has the applicant's family moved in the past five (5) years? \_\_\_\_\_

Reasons for moving? \_\_\_\_\_

In the past five (5) years, the applicants' family has experienced the following: (check all that apply)

- Prolonged unemployment
- Divorce Date \_\_\_\_\_
- Drug abuse by student
- Marital separation Date \_\_\_\_\_
- Drug abuse by close family member
- Death of close family member Relationship \_\_\_\_\_ Date \_\_\_\_\_
- Alcohol abuse by student
- Legal problems
- Alcohol abuse by close family member
- Financial problems
- Rape
- Housing problems
- Incest
- Runaway
- Physical abuse
- Abandonment
- Sexual abuse
- Adoption
- Child neglect
- Other (please list) \_\_\_\_\_
- Foster care placement

**HOUSEHOLD INCOME**

Please list household income \$ \_\_\_\_\_

Proof of Income (**required**; check all that apply)

- Copy of recent tax form(s)
- Copy of W-2 form(s)
- Copy of benefits (i.e. Social Security, Unemployment, etc.)

**MEDICAL INFORMATION**

Is the applicant currently taking medication (s)?  No  Yes If yes, please list \_\_\_\_\_

Is the applicant allergic to any medication(s)?  No  Yes If yes, please list \_\_\_\_\_

- Student has experienced:
- Frequent accidents
  - Sleep problems
  - Asthma
  - Eating disorder
  - Vision problems
  - Hearing problems
  - Severe cramping
  - Irregular menstrual cycle
  - Miscarriage
  - Childbirth
  - Heart problems
  - Kidney problems
  - Speech problems
  - Allergies
  - Seizures
  - Bed wetting
  - Emotional problems
  - Discipline problems
  - Chronic pain
  - Alcohol abuse
  - Drug abuse
  - Other (please list) \_\_\_\_\_

**MEDICAL INFORMATION (continued)**

Has applicant ever been hospitalized?  No  Yes If yes, please list \_\_\_\_\_

Has the applicant had a physical examination within the past year?  No  Yes

Are the applicant's immunizations up to date?  No  Yes

Does the applicant have a history of emotional or mental illness?  No  Yes  
If yes: Date of Treatment \_\_\_\_\_  
Type of Disorder \_\_\_\_\_

Has the applicant received counseling for social or emotional issues?  No  Yes  
If yes, indicate diagnosis (**parent must provide a copy of evaluation**). \_\_\_\_\_

Name of Therapist: \_\_\_\_\_ Date of Service \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Work #(including area/country code) \_\_\_\_\_ Fax \_\_\_\_\_

E-mail Address \_\_\_\_\_

Does applicant have an Attention Deficit Disorder?  No  Yes  
If yes: is the student on medication for this condition?  No  Yes  
If yes, list medications: \_\_\_\_\_

## **SOCIAL INFORMATION**

List hobbies that applicant enjoys: \_\_\_\_\_

List church, school, or community activities: \_\_\_\_\_

List future goals: \_\_\_\_\_

Has applicant ever been arrested?  No  Yes If yes, what was the charge? \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ County \_\_\_\_\_

Disposition of case: \_\_\_\_\_

Is the applicant involved with the juvenile court system?  No  Yes If yes, what was the charge? \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ County \_\_\_\_\_

Disposition of case: \_\_\_\_\_

**NOTARY Services**

The Student Social History was completed by:

\_\_\_\_\_  
**Parent (Biological Mother and/or Father)**

\_\_\_\_\_  
**Date**

**OR**

\_\_\_\_\_  
**Legal Guardian (Please acknowledge relationship)**

\_\_\_\_\_  
**Date**

I hereby verify that all information contained in this Student Social History is true to the best of my knowledge. I further understand that intentional falsification of information will negate the enrollment of my son/daughter. By signing this document, I hereby give The Piney Woods School permission to obtain and/or release any information or documentation that is related to the academic, social, emotional, or medical status of the applicant.

**WITNESS** our signatures this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
**Signature of Parent/Guardian**

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

in \_\_\_\_\_ County and the State of \_\_\_\_\_

**(SEAL)**

\_\_\_\_\_  
**Notary Public**

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**My Commission Expires**

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**The Piney Woods School**

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