



# MARINE MILITARY ACADEMY

## APPLICATION FOR ADMISSIONS

Application is for: ☐ Fall ☐ Midterm ☐ Summer Camp ☐ Summer Camp w/Flight Training Year 20\_\_\_\_ Grade Level\_\_\_\_

### STUDENT INFORMATION

Name: (L, F M) _____	SSN _____	
Date of Birth _____	Place of Birth _____	Nation of Citizenship _____
Current Grade _____	Current School _____	Reason for Leaving _____
First Language _____	Language to Study: <input type="checkbox"/> Spanish <input type="checkbox"/> Chinese	Height _____ Weight _____ Shoe Size: _____

Does your son have any special gifts, interests or talents? (artistic, musical, athletic, etc.) If yes, please explain:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has your son been professionally diagnosed as requiring special education? If yes, please list the diagnosis given:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your son have a current I.E.P (Individualized Education Plan) or a B.I.P. (Behavioral Individualized Plan)? If yes, please explain:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Attach the I.E.P, B.I.P or 504 documentation filed by the school.	
Has your son ever been treated for or tested positive for substance abuse? Date of occurrence: _____ If yes, please have a urine drug screen performed by a physician or an independent laboratory and enclose the result.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has your son ever been involved with the juvenile authorities or been adjudicated a delinquent or dependent? If yes, please explain:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is your son: <input type="checkbox"/> On Probation <input type="checkbox"/> Deferred Adjudication <input type="checkbox"/> Awaiting Trial <input type="checkbox"/> Convicted of a felony or misdemeanor <input type="checkbox"/> Community Service	
Documentation relating to any of the above responsibilities must be provided with this application.	
Describe your son's distinguishing characteristics (positive and/or contrary):	
What are you hoping a Marine Military Academy experience can do for your son?	
What are your son's ambitions and goals?	
I affirm my child can swim or is not at risk of injury or death when swimming or otherwise accessing a body of water?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you prohibit your son from participating in contact sports such as football and/or boxing? If yes, please explain reason(s):	<input type="checkbox"/> Yes <input type="checkbox"/> No

Your response to the following racial/ethnic question is voluntary, but federal civil rights legislation and implementing regulations require this institution to submit counts of the student body by these racial/ethnic categories. Your cooperation, therefore, while voluntary, is essential to the accurate reporting of this information. How would you describe yourself? Please check one:	
<input type="checkbox"/> White, Anglo, Caucasian (non-Hispanic)	<input type="checkbox"/> Hispanic (including Puerto Rican & Latin American)
<input type="checkbox"/> American Indian or Alaskan Native	<input type="checkbox"/> Black, African American, (non-Hispanic)
<input type="checkbox"/> Asian or Pacific Islander (including Indian subcontinent)	<input type="checkbox"/> Other (Specify)
Religion: _____	

Marine Military Academy ♦ 320 Iwo Jima Blvd. ♦ Harlingen, TX 78550 ♦ (956) 423-6006 ♦ FAX: (956) 421-9273 ♦ admissions@mma-tx.org

The Marine Military Academy does not discriminate on the basis of race, color, national or ethnic origin in the administration of its educational policies, scholarship and loan programs, athletic or other Academy-administered programs.



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### PARENT/GUARDIAN INFORMATION

Biological/Adoptive Parents Are: ☐ Married ☐ Divorced ☐ Separated ☐ Widowed ☐ Never Married/Single

**Parent 1 Name:** (L,F M): \_\_\_\_\_ Relationship to applicant \_\_\_\_\_  
☐ Deceased ☐ Custodial Parent ☐ Biological Parent ☐ Lives with Student  
Home Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
HM # \_\_\_\_\_ Cell # \_\_\_\_\_ Email HM \_\_\_\_\_  
WK # \_\_\_\_\_ FAX # \_\_\_\_\_ Email WK \_\_\_\_\_  
Occupation \_\_\_\_\_ Employer \_\_\_\_\_

**Parent 1 Spouse Name:** (L,F M): \_\_\_\_\_ Relationship to applicant \_\_\_\_\_  
☐ Deceased ☐ Custodial Parent ☐ Biological Parent ☐ Lives with Student  
Home Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
HM # \_\_\_\_\_ Cell # \_\_\_\_\_ Email HM \_\_\_\_\_  
WK # \_\_\_\_\_ FAX # \_\_\_\_\_ Email WK \_\_\_\_\_  
Occupation \_\_\_\_\_ Employer \_\_\_\_\_

**Parent 2 Name:** (L,F M): \_\_\_\_\_ Relationship to applicant \_\_\_\_\_  
☐ Deceased ☐ Custodial Parent ☐ Biological Parent ☐ Lives with Student  
Home Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
HM # \_\_\_\_\_ Cell # \_\_\_\_\_ Email HM \_\_\_\_\_  
WK # \_\_\_\_\_ FAX # \_\_\_\_\_ Email WK \_\_\_\_\_  
Occupation \_\_\_\_\_ Employer \_\_\_\_\_

**Parent 2 Spouse Name:** (L,F M): \_\_\_\_\_ Relationship to applicant \_\_\_\_\_  
☐ Deceased ☐ Custodial Parent ☐ Biological Parent ☐ Lives with Student  
Home Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
HM # \_\_\_\_\_ Cell # \_\_\_\_\_ Email HM \_\_\_\_\_  
WK # \_\_\_\_\_ FAX # \_\_\_\_\_ Email WK \_\_\_\_\_  
Occupation \_\_\_\_\_ Employer \_\_\_\_\_

### TUITION & FEES WILL BE PAID BY

**Name:** (L,F M): \_\_\_\_\_ Relationship to applicant \_\_\_\_\_  
Billing Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
HM # \_\_\_\_\_ Cell # \_\_\_\_\_ Email HM \_\_\_\_\_  
WK # \_\_\_\_\_ FAX # \_\_\_\_\_ Email WK \_\_\_\_\_

Where did you first hear about the Marine Military Academy? ☐ Alumni name ☐ Magazine ☐ Current Cadet/Family ☐ Newspaper ☐ Counselor  
☐ Word of Mouth ☐ Internet ☐ Boarding School Directory Other \_\_\_\_\_

### INSTUCTIONS

- Submissions must include a check for the non-refundable application fee
- Submit the student's birth certificate and a picture
- If a custodial decree is in effect, please submit

I hereby certify that the information on this application is true and complete and that there are no disciplinary actions, criminal charges or juvenile proceedings pending that I have not disclosed. I understand that any material falsification or omission may be cause for dismissal.

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

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