

**Laurinburg Institute**

910-276-0684  
www.laurinburginstitute.org

P.O. Box 1787  
Laurinburg, NC 28353

CANDIDATE'S NAME \_\_\_\_\_  
Last First Middle

**There is a 125.00 application fee that must be sent with this application for processing. The fee is refundable only if the student is not admitted.**

**Part 1 of Admissions Application**

**Candidate's Personal Information**

Name of Applicant \_\_\_\_\_ Prefer to be Called \_\_\_\_\_

Gender: Male Female

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Home Address \_\_\_\_\_  
Number/Street

City State Zip Code

Email \_\_\_\_\_

Telephone Number \_\_\_\_\_ Fax \_\_\_\_\_

Student's Social Security Number \_\_\_\_\_

Country of Birth \_\_\_\_\_

Languages Spoken \_\_\_\_\_

Present School \_\_\_\_\_

Address of School \_\_\_\_\_  
Street/Number

City State Zip

Grade level candidate is trying to enroll in (circle one): 9<sup>th</sup> 10<sup>th</sup> 11<sup>th</sup> 12<sup>th</sup> Postgrad

Height \_\_\_\_\_ Weight \_\_\_\_\_

Applying for Entrance in: Summer 2010 Fall 2010 Spring 2011

Have you applied to Laurinburg Institute before? No Yes, \_\_\_\_\_  
In what year

Residential Status Boarding Day

Do you have a sibling applying for admission to Laurinburg Institute this year? No Yes

If yes, Name \_\_\_\_\_  
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Please attach photo of candidate here.

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**Part 2 of Admissions Application**

**Short Answer and Essay**

What characteristic about yourself do you like most? Why?

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What contribution do you think you could make to the community of Laurinburg Institute?

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**Part 3 of Admissions Application**

**Parent Statement**

**To be completed by parent or guardian**

At Laurinburg Institute we consider ourselves partners with the families of our students in the education and entire boarding school experience of their child. Our selection process is designed to determine which students will be best served by the school and which can make the greatest contribution to the community of Laurinburg Institute. The following questions are designed both to gain your wisdom and to enlist your partnership in this endeavor from the beginning. Please answer the following questions understanding that our goals are the same: to provide your child the best possible secondary school experience possible.

1. Candidate's Family: **Father:** living **Mother:** living **Stepfather:** living **Stepmother:** living  
(circle all that apply) deceased deceased deceased deceased

Parents are: Married Single If parents are living apart, with whom does the candidate live?  
Separated: Date \_\_\_\_\_  
Divorced: Date \_\_\_\_\_  
If divorced, please indicate which parent(s) Home address of other parent  
has (have) legal custody of the child. \_\_\_\_\_

Mother Father Joint

**Father's Name**

\_\_\_\_\_  
Last First Middle

Occupation/Title \_\_\_\_\_

Company/Institution \_\_\_\_\_

Business Address \_\_\_\_\_

Daytime phone \_\_\_\_/\_\_\_\_/\_\_\_\_

Email \_\_\_\_\_

Fax \_\_\_\_/\_\_\_\_/\_\_\_\_

Father's Birth \_\_\_\_\_ Father Social Security # \_\_\_\_\_  
Year Place

College(s) attended by father, if any, and degree(s) earned

**Mother's Name**

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Last	First	Middle
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Occupation/Title \_\_\_\_\_

Company/Institution \_\_\_\_\_

Business Address \_\_\_\_\_

Daytime phone \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

Email \_\_\_\_\_

Fax \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

Mother's Birth \_\_\_\_\_ Mother Social Security # \_\_\_\_\_  
Year Place

College(s) attended by mother, if any, and degree(s) earned

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**Stepfather's Name**

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Last	First	Middle
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Occupation/Title \_\_\_\_\_

Company/Institution \_\_\_\_\_

Business Address \_\_\_\_\_

Daytime phone \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

Email \_\_\_\_\_

Fax \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

Stepfather's Birth \_\_\_\_\_  
Year Place

College(s) attended by Stepfather, if any, and degree(s) earned

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**Stepmother's Name**

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Last	First	Middle
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Occupation/Title \_\_\_\_\_

Company/Institution \_\_\_\_\_

Business Address \_\_\_\_\_

Daytime phone \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

Email \_\_\_\_\_

Fax \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

Stepmother's Birth \_\_\_\_\_  
Year Place

College(s) attended by Stepmother, if any, and degree(s) earned

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Number of siblings \_\_\_\_\_

Please List:

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

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

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

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

Other household members (other than parents and siblings)

Name \_\_\_\_\_ Age \_\_\_\_\_ Relationship to Candidate \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Relationship to Candidate \_\_\_\_\_

How many times has the family moved in the past five years? \_\_\_\_\_

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

Does the student currently reside in the United States? Yes \_\_\_\_\_ No \_\_\_\_\_

If no, does the candidate have a sponsor in the United States? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please identify: Name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Telephone (home) \_\_\_\_\_ Work \_\_\_\_\_

2. Has your child either skipped or repeated a year of school? If so, when and why?

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

3. Laurinburg is a challenging environment mentally and physically. What in your child's academic and personal life leads you to consider him or her likely to respond well to the challenges Laurinburg will present? What, if anything, gives you pause as to your son's or daughter's academic and personal readiness for Laurinburg? Please be specific.

\_\_\_\_\_  
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5. Please circle any of the following events if it has been experience by the candidate's family in the last ten years.

- |                                   |   |
|-----------------------------------|---|
| Marital Separation/ Date_____     | Sexual Abuse  |
| Divorce/ Date_____                | Suspension from School<br>Cause for suspension_____ |
| Death of close family member      |   |
| Drug abuse by close family member | Expulsion from School<br>Cause for expulsion_____   |
| Drug abuse by candidate           |   |
| Runaway                           | Physical abuse                                      |
| Adoption                          | Financial problems                                  |
| Child neglect                     | Legal problems                                      |

Please expound on any of the events circled above to help us better understand the candidate's exposure to such incidents.

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6. Has your child ever been arrested, or had any legal problems? (circle one)    Yes    No  
If yes, please explain why? Outcome of event?

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**Medical Information**

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

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

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Has the student ever been hospitalized? Yes\_\_\_\_ No\_\_\_\_  
If yes, for what illness?

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Dos the candidate have health insurance? Yes\_\_\_\_ No\_\_\_\_

Has the student had a physical exam in the last year? Yes\_\_\_\_ No\_\_\_\_  
If accepted, student will have to provide an up to date immunization record.

Does the student have any physical disabilities? Yes\_\_\_\_ No\_\_\_\_  
If yes, please list

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Is there a history of emotional or mental illness? Yes\_\_\_\_ No\_\_\_\_  
If yes,  
Date of treatment\_\_\_\_\_ Type of Disorder\_\_\_\_\_

Has the student undergone counseling for social or emotional problems? Yes\_\_\_\_ No\_\_\_\_

Diagnosis\_\_\_\_\_

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**If yes, parent must provide a copy of evaluation, name and address of evaluating therapist.**

I hereby verify that all information contained in this Parent Statement and Medical Information is true to the best of my knowledge. I further understand that intentional falsification of information will negate the enrollment of my child.

<b>Parent/ Guardian Signature</b> _____ <b>Date</b> _____
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Last First Middle

**To the Candidate:** Fill in your full name above and give this form and a stamped envelope to your English Teacher. Your teacher should mail this from to the admission office. If returned by you or your parent(s), this form must be placed in an envelope embossed with the official school seal.

**Part 4 of Admissions Application**

English Teacher Recommendation

**To the Teacher:** The student named above is a candidate for admission. Your recommendation is vital to our process. We would appreciate you most candid and frank response. Please complete this form and return it to: *Laurinburg Institute, Admissions, P.O. Box 1787, Laurinburg, NC 28353.*

In what years did you teach the student? \_\_\_\_\_

What Courses? \_\_\_\_\_ How large was the class? \_\_\_\_\_

Is this course part of a tracking system or designated as an honor or accelerated course? Yes \_\_\_ NO \_\_\_

Briefly describe your course. It is especially helpful to know what texts are used and whether the students are grouped by ability.

How accurately does the student read and understand what he or she has read?

How well does the student accept advice or criticism?

How well does the student write in comparison to the rest of his or her class? Please be specific about the student's strengths and weaknesses.

What are the first three words that come to mind to describe this student?



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**To the Candidate:** Fill in your full name above and give this form and a stamped envelope to your Math or Science Teacher. Your teacher should mail this from to the admission office. If returned by you or your parent(s), this form must be placed in an envelope embossed with the official school seal.

**Part 5 of Admissions Application**

**Math or Science Teacher Recommendation**

**To the Teacher:** The student named above is a candidate for admission. Your recommendation is vital to our process. We would appreciate you most candid and frank response. Please complete this form and return it to: *Laurinburg Institute, Admissions, P.O. Box 1787, Laurinburg, NC 28353.*

In what years did you teach the student? \_\_\_\_\_

What Courses? \_\_\_\_\_ How large was the class? \_\_\_\_\_

Is this course part of a tracking system or designated as an honor or accelerated course? Yes \_\_\_ NO \_\_\_

Briefly describe your course. It is especially helpful to know what texts are used and whether the students are grouped by ability.

How accurately does the student understand the material he or she does in class?

How well does the student accept advice or criticism?

How well does the student perform in comparison to the rest of his or her class? Please be specific about the student's strengths and weaknesses.

What are the first three words that come to mind to describe this student?



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**To the Candidate:** Fill in your full name above and give this form and a stamped envelope to the head of your school, principal, or guidance counselor to fill out.

**Part 6 of Admissions Application**

**To the School Official:** The Student above is a candidate for admission. Your recommendation is vital to our process. We would appreciate your most candid and thoughtful responses. Please complete this form and return it in the envelope provided.

Please attach:

- Final or mid-semester grades for fall term
- Grades since 6<sup>th</sup> grade, if available
- Standardized test scores
- Recent teacher reports, if any
- A school profile, if available

If the student's attendance record is not listed on the transcript, please indicate the number of days he or she has been absent or tardy each year while at your school.

If the student is not, or has not been in good academic standing, please explain why.

Has the student withdrawn from school voluntarily for an extended period of time for anything other than health reasons? Yes No

Has the student ever been dismissed, suspended, placed on probation, or received other serious disciplinary sanction? Yes No

If the answer to either or both questions is yes, please provide a full explanation on a separate sheet of paper.