



Valley Forge Military Academy Application

Student Details

Applicant Name: _____ Date of Birth: (MM/DD/YY) _____
Last First Middle Suffix

Preferred Name: _____ Country of Citizenship: _____ International Student: ☐ Yes ☐ No

Applicant Primary Address: _____
Street Address

City _____ State / Province _____ Postal / Zip Code _____ Country _____

Applicant Phone: _____ Applicant Email: _____

Does the applicant have a relative who has attended VFMAC? YES ☐ NO ☐ If so, please list: _____

Applicant : _____
City of birth State / Province of birth Country of birth

Proposed Entry Into Valley Forge Military Academy

Enroll for the Semester Beginning: ☐ Spring 2022 ☐ Fall 2022 ☐ Spring 2023

Applying to Grade: ☐ 7th ☐ 8th ☐ 9th ☐ 10th ☐ 11th ☐ 12th

Boarding or Day: ☐ 7 Day Boarding ☐ Day Program

How did you first hear about Valley Forge Military Academy? _____

Did you speak with an Admissions Officer before applying? ☐ No ☐ Anna Brennan ☐ Kerry Sethi

Has the applicant ever attended summer camp at VFMAC? ☐ Yes ☐ No

International Information

Citizenship Status: ☐ U.S. Citizen ☐ Non-U.S. Citizen ☐ Permanent Resident

Will the applicant need English as a Second Language courses? ☐ Yes ☐ No

WeChat Account (if applicable): _____

WhatsApp Account (if applicable): _____



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Schools

Name of
Current School: _____

Type of Current School: (circle one)
Military Private Public

Current School City

State / Province / Region

Country

Phone

Fax

Present Grade: ☐ 6th ☐ 7th ☐ 8th ☐ 9th ☐ 10th ☐ 11th

From: _____ To: _____ Current GPA: _____
Dates of Attendance Current School

Academic History

Does the applicant currently have an Individual Education (IEP) or 504 plan? YES ☐ NO ☐ **If yes, a copy must be submitted**

Has the applicant ever been suspended? YES ☐ NO ☐ Has the applicant ever been expelled? YES ☐ NO ☐

Has the applicant ever been counseled by the juvenile authorities or arrested for any offense other than a traffic violation? YES ☐ NO ☐

Has the applicant ever received psychiatric or psychological treatment for physical, emotional or behavioral issues; or suffered from any mental illness or hospitalizations? If yes, please provide a FULL explanation of when the treatment occurred, reasons for therapy, diagnosis and a name and phone number of the professional who treated the candidate for verification. ☐ Yes ☐ No

Does the applicant take any type of prescription medication?

Applicant Activities

List applicant's interests: _____



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Please list applicant's extracurricular activities, athletics, awards, honors and distinctions: _____

In which specialized unit is the applicant interested? Please Select only one option below. If you do not select a specialized unit, your son will be assigned to a standard Infantry companies A or B.

☐ **Band (Audition Required)** ☐ **Field Music (No Audition Required)** ☐ **E-Battery (Motorized Unit)**

Family Information

Who has legal custody of the applicant: (Legal documents are required)

☐ **Mother** ☐ **Father** ☐ **Mother and Father** ☐ **Legal Guardian** ☐ **Other: (please specify)** _____

Parent / Guardian Marital Status:
(please choose all that apply)

☐ **Single** ☐ **Married** ☐ **Divorced** ☐ **Widowed**

☐ **Father Remarried** ☐ **Mother Remarried**

☐ **Other: (please be specific)** _____

Who does the applicant live with? _____

Parent / Guardian Contact Information

Adult 1 Name: _____
Last First Suffix

Adult 1 Address: _____
Street Address

City State / Province Postal / ZIP Code Country

Relationship to Applicant Occupation Primary Phone Alternate Phone

Contact for the enrollment contract? ☐ YES ☐ NO
Email

Adult 2 Name: _____
Last First Suffix

Adult 2 Address: _____
Street Address



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City	State / Province	Postal / ZIP Code	Country
Relationship to Applicant	Occupation	Primary Phone	Alternate Phone
Contact for the enrollment contract?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Email			

Responsibility for Tuition

Responsible Party:	Relationship to Applicant
Last	First
Suffix	

Confirmation

I hereby make application for the admission of the applicant named as a Cadet in Valley Forge Military Academy for the academic year indicated. I understand that any misstatement or omission of material information made to this application or during the admissions process may result in the revocation of an offer of admission and/or enrollment in, or the involuntary withdrawal of the applicant from Valley Forge Military Academy. The applicant is physically able to perform the school duties as outlined in the Academy's information systems and communications.

Signature of Parent or Guardian:	Date:
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Transcript, Conduct and Attendance Release of Records Form

PARENT/GUARDIAN:

Please complete the following information and **forward this form to your child's current school** to release an official copy of school records and student information.

Student Name: _____

Current School: _____

Current Grade: _____

Parent/Guardian Signature: _____ Date: _____

SCHOOL ADMINISTRATOR:

The student listed above has applied for admission to Valley Forge Military Academy. Please send all school records, transcripts (**including grades for both the previous year and the current year**), test results, special education documentation, disciplinary records and any academic comments that would help us evaluate this student's readiness for Valley Forge Military Academy. Comments about extracurricular activities and citizenship are also valuable.

Please forward all records
Via email to: Admissions_Academy@vfmac.edu
Or Fax: 610-340-2194