

**Monroe Academy Private School Foundation**  
**Application for Membership**  
*Please enclose a \$50 application fee when you register.*

**I. Responsible Party Information**

Full Name of Father or Head of Household: \_\_\_\_\_

Address: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Telephone: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_

Employer: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Previous Address: \_\_\_\_\_

**II. Joint Applicant Information (Spouse)**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Telephone: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_

Employer: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Previous Address: \_\_\_\_\_

**III. Bank with which you have done business**

Name of Bank: \_\_\_\_\_

Address of Bank: \_\_\_\_\_

**IV. Personal references for the student (s) (Grades 5 – 12)**

1.) Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_

2.) Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_

3.) Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_

**V. School record for the last 5 years, if applicable**

<u>Name</u>	<u>Address</u>	<u>Principal</u>
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**VI. Credit References**

<u>Creditor</u>	<u>Address</u>	<u>Telephone</u>	<u>Account Number</u>
_____	_____	_____	_____
_____	_____	_____	_____

**VII. Personal References**

<u>Name</u>	<u>Address</u>	<u>Telephone</u>	<u>Relationship to Applicant</u>
_____	_____	_____	_____
_____	_____	_____	_____

Church: \_\_\_\_\_ Pastor's Name: \_\_\_\_\_

Please check: Married \_\_\_\_\_ Single \_\_\_\_\_ Divorced \_\_\_\_\_ Widowed \_\_\_\_\_

**VIII. Children's Names                      Date of Birth                      SS#                      2025-26 Grade Level**

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

*Please sign the following release:*

*By applying for membership in the Monroe County Private School Foundation, I hereby give my permission to the admissions committee to investigate both my character and credit references. It is also understood by me that any approval for my application by the admissions committee is subject to confirmation by the Board of Directors at their next regular session. Any application not recommended for approval by the committee will be brought before the Board of Directors for their final disapproval. If accepted, I agree to abide by the foundation's constitution and the by-laws and all rules and regulations of Monroe Academy, including the payment of all dues, tuition, and fees by their respective due dates.*

*No membership or student of any race, color, nationality and ethnic origin shall be denied application for or membership to the Monroe County Private School Foundation and shall not be discriminated against on the basis of race, color, nationality and ethnic origin in administration of its educational policies, athletics, and other school administered programs. Monroe Academy reserves the right to decline services to a family based off the academic performance of students within said family. Monroe Academy does not offer special education services.*

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Other Signature (where applicable)

\_\_\_\_\_  
Date

**All applications must include the following forms before any action will be taken for membership! You must have three teacher evaluations (form attached) completed by current teachers, a behavior log (form attached) completed by current school and unofficial transcripts or end of year report cards for all grades completed. The teacher evaluations and behavior log must be mailed to 4096 South Alabama Ave. Monroeville, AL 36460 or emailed to [jvermilyea@monroecademy.org](mailto:jvermilyea@monroecademy.org).**

# Monroe Academy

# Teacher Evaluation Form

4096 South Alabama Avenue  
Monroeville, Alabama 36460  
Phone: (251) 743-3932/Fax: (251) 743-4267

## TO BE COMPLETED AND RETURNED BY THE CURRENT SCHOOL!

Applicant Name: \_\_\_\_\_ Current Grade: \_\_\_\_\_

*I grant my permission for the following information to be sent to Monroe Academy. I understand that the information on this form becomes the confidential property of Monroe Academy and not subject to review.*

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Evaluator's Name: \_\_\_\_\_ School: \_\_\_\_\_

How long have you worked with the student? \_\_\_\_\_

In what capacity have you worked with the student? \_\_\_\_\_

Please rate the student in the following categories by placing a check in the appropriate column:

	Excellent	Good	Average	Below average	Poor
Preparation for class					
Completion of classwork					
Completion of homework					
Organization					
Ability to follow directions					
Willingness to follow directions					
Oral expression					
Written expression					
Participation					
Effort					
Behavior					
Peer relations					
Respect for authority					
Emotional maturity					
Parental involvement					

Please comment on the student's overall academic skills, including strengths and weaknesses.

Has the student displayed any serious conduct problems? If yes, please explain.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please return this form to Monroe Academy at the address above or email [jvermilyea@monroeacademy.org](mailto:jvermilyea@monroeacademy.org)

Please send to:

Monroe Academy – 4096 South Alabama Avenue – Monroeville, Alabama 36460

Or [jvermilyea@monroeacademy.org](mailto:jvermilyea@monroeacademy.org)

Student Name \_\_\_\_\_

Grade \_\_\_\_\_

Date	Behavior	Consequence

\_\_\_\_\_  
Counselor/Principal signature

\_\_\_\_\_  
Date

# Student Profile 2025/26

(Check one: new family\_\_\_ existing family adding a student\_\_\_)

Please fill out COMPLETELY:

## Student (1) Information

First, Middle, and Last Name: \_\_\_\_\_

Birthdate: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Male\_\_\_ Female\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Grade Entering Aug. 2025 \_\_\_\_\_

## Student (2) Information

First, Middle, and Last Name: \_\_\_\_\_

Birthdate: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Male\_\_\_ Female\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Grade Entering Aug. 2025 \_\_\_\_\_

## Student (3) Information

First, Middle, and Last Name: \_\_\_\_\_

Birthdate: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Male\_\_\_ Female\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Grade Entering Aug. 2025 \_\_\_\_\_

## Emergency Contact for Students (May list one or two- Must be someone other than a parent!!)

Name: \_\_\_\_\_

Cell Phone or Home Phone: \_\_\_\_\_

Name: \_\_\_\_\_

Cell Phone or Home Phone: \_\_\_\_\_

**Parents' Information**

**Father**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone (Put NA if no home phone): \_\_\_\_\_

Cell Number: \_\_\_\_\_

Work Number: \_\_\_\_\_

Employer: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Mother**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone (Put NA if no home phone): \_\_\_\_\_

Cell Number: \_\_\_\_\_

Work Number: \_\_\_\_\_

Employer: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Medical Information** (We only need address and phone number if it's not a local doctor.)

Physician's Name: \_\_\_\_\_

Clinic Name: \_\_\_\_\_

Address:  
\_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_

**Insurance Information**

Insurance Company: \_\_\_\_\_

Group #: \_\_\_\_\_

Policy #: \_\_\_\_\_

Are we (office staff) authorized to speak with a physician in case of an emergency? \_\_\_\_ Yes \_\_\_\_ No

**Health Conditions/Medications**

Student's Name: \_\_\_\_\_

Health Conditions: (Please list any health conditions your child has. Ex: ADHD, Asthma, Allergies \*be specific\*, Heart Condition....)

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Medications Taken Daily at Home: (Ex: Adderall 10 mg, Zyrtec 10 mg... etc.)

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Student's Name: \_\_\_\_\_

Health Conditions: (Please list any health conditions your child has. Ex: ADHD, Asthma, Allergies \*be specific\*, Heart Condition....)

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Medications Taken Daily at Home: (Ex: Adderall 10 mg, Zyrtec 10 mg... etc.)

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