



**WORCESTER ACADEMY INTERNATIONAL SUMMER PROGRAM
APPLICATION FOR NON WORCESTER ACADEMY STUDENTS**

APPLICANTS' INFORMATION:

Student Name: _____
Last First Middle Nickname

Date of Birth: ____/____/____ Gender: Male Female

Grade next September: _____

HOME MAILING ADDRESS:

Street Apartment No. (if applicable)

City State Country Zip/Postal Code

Home Telephone: _____

Cell/Mobile (Student): _____

Email Address: (Student): _____

Email Address (Parent): _____

APPLICANT'S SCHOOL INFORMATION:

School Name Street

City State Country Zip/Postal Code

Recommendations from your current English teacher **and** current Math teacher must be submitted with this application.



PARENT/GUARDIAN INFORMATION:

MOTHER: DR. MS. MRS. _____
First Last

Street Apartment No. (if applicable)

City State Country Zip/Postal Code

Home Telephone: _____ Fax: _____

Cell/Mobile: _____

Occupation: _____

FATHER: DR. MR. _____
First Last

Street Apartment No. (if applicable)

City State Country Zip/Postal Code

Home Telephone: _____ Fax: _____

Cell/Mobile: _____

Occupation: _____

GUARDIAN (IF APPLICABLE): _____
First Last

Relationship to Applicant: _____

Home Address (if different from Applicant):

Street Apartment No. (if applicable)

City State Country Zip/Postal Code

Telephone: _____

Signature of Parent or Guardian **Date**