



Capstone Academy

1934 Cliff Valley Way NE Atlanta, GA 30329 · 404-458-5160

Student Application for Admission

To be completed by the applicant in his or her own handwriting. Do not type.

Today's Date ____/____/____

Grade Applying For (Circle Below):

5th	6th	7th	8th	9th	10th	11th	12th
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Legal Name of Applicant (First Middle Last):

Preferred: _____

Co-Curricular Interests: Athletics/Visual and Performing Arts/Academic Endeavors:

Activity	Level of Involvement	How long have you participated?

Please describe three strengths that you are most proud of in your academics.

Please tell us about any areas in your academics where you feel that you need the most help, and describe your needs.



Explain how disappointments can also have a good side.

