

1861 Girls School Application for Admission

Please print legibly and complete all the requested information.

Student's Full Name _____
first middle last

Term for Application: Summer of 20_____ Applying as a ☐1st ☐2nd ☐3rd Year Student

Mailing Address _____
street or PO Box

city, state and zip code

Student Cell () Birthdate / / Age at attendance _____

Student Email _____

Parent/Guardian Email _____

The following information is requested for use in the event of an emergency. Authorization of medical treatment is included on the Parent/Guardian Release Form (page 3 of this application).

Parent/Guardian Names _____

Father's Home Address _____
(if different from above) *street city, state and zip code*

Father's Home Phone () Father's Cell ()

Mother's Home Address _____
(if different from above) *street city, state and zip code*

Mother's Home Phone () Mother's Cell ()

Emergency Contact _____
(other than parent/guardian) *name relationship to student*

Emergency's Home Ph () Emergency's Cell ()

Student's Insurance Carrier _____

Policy Number _____ Group Number _____

Student's Physician _____ Phone ()

List and briefly explain any medical condition(s) and/or special need(s) of the student for which Girls School faculty and/or staff needs to be aware.

List any allergies (foods, medicines, etc.) of the student.

List any current medications (name of medication and dosage) being taken by the student.

Hometown Newspaper _____
name town/city where located

Interests and/or Hobbies _____

School and Community Activities _____

Please circle the appropriate answer. Experience is not required. This information assists the faculty in planning classes to meet the needs of our students.

| class | level of experience: | | | comments |
|-----------------------|----------------------|------|----------|-------------------------|
| | none | some | advanced | |
| Art (medium) | 1 | 2 | 3 | |
| Vocal Music | 1 | 2 | 3 | |
| Instrumental Music | 1 | 2 | 3 | <i>list instrument:</i> |
| Cross-stitch | 1 | 2 | 3 | |
| Embroidery | 1 | 2 | 3 | |
| Other Needlework | 1 | 2 | 3 | <i>specify type:</i> |
| Archery | 1 | 2 | 3 | |
| Equestrian | 1 | 2 | 3 | |
| Calligraphy | 1 | 2 | 3 | |
| Historic Dance | 1 | 2 | 3 | |
| Civil War Re-enacting | 1 | 2 | 3 | |

Share your reasons for applying to 1861 Girls School. What do you hope to learn from the experience?

Financial Information: Tuition for the summer term is \$700. Enrollment is limited each year to a certain number of students. Payment of non-refundable \$100 deposit required to reserve placement. Balance of tuition payment is due by April 1 of the term year. Please see website for more details. Deposits are non-refundable. Tuition is non-refundable after May 1 of the year of attendance. Tuition may be “rolled over” to the next year if cancellation is received prior to May 1st. Payment may be made via credit/debit card through Paypal (1861girlsschool.com for details) or via personal/cashier check or money order mailed to the following:

1861 Girls School Registrar
4550 Long Lane
Franklin, TN 37064

Questions or other communication pertaining to registration application should be directed to the Registrar, Miss Eleanna Flautt: eflautt@gmail.com or 615-939-3606 (cell).

This space for Registrar official use.

Deposit:

Payments:

1861 Girls School – Parent/Guardian Release Form

This Release is hereby granted by the below named Parent/Guardian to the 1861 Girls School and its faculty, directors, and volunteers (“School”) as follows:

Authority: I hereby represent and warrant that I am the parent or legal guardian of the below named Participant (“Participant”), and I have the legal authority to grant authorizations, including this Release, on his or her behalf.

Consent for Participation: I hereby give permission for the Participant to participate in the School’s program and all activities related thereto, including permission for the Participant to be transported as needed under the direction of the School.

Medical: I represent and warrant to the School that the Participant is physically and mentally able to participate in the activities of the School’s program, and the School is authorized on my behalf and at my account to take such measures and arrange for such medical and hospital treatment as the School may deem advisable for the health and well-being of the Participant without the need for further consent or permission.

Release of Liability: I, individually and on behalf of the Participant, acknowledge that the Participant will be participating in the activities of the School at his/her own risk. Further, I, on my own behalf and on behalf of the Participant, hereby waive, release and discharge the School and its faculty, directors, officers, employees, agents, and volunteers, as well as owners of the site of the School or related sites associated with the School, from any and all forms of liability or claims that are related in any way to the Participant’s participation in the School’s program or any activities related thereto (including but not limited to travel to or from any event), such as accidental injury or other damages to the Participant or his/her property, and I agree to indemnify and hold such parties harmless from any claims related thereto, including reasonable attorney fees.

Equine: Under Tennessee State Law: Chapter 12 of Title 4 of the Tennessee Code Annotated, states an equine activity sponsor or equine professional is not liable for an injury to or the death of a participant in equine activities resulting from the inherent risk of equine activities pursuant.

Permission to Publish: Permission is hereby granted to use the name, photograph, likeness, voice and words of the Participant for publicity or educational purposes.

Refund Policy: Deposits are non-refundable. Tuition may be “rolled over” one year if student gives written notice by May 1st of the year for which the student is registered. All tuition is non-refundable after May 1st of the year for which student has registered.

Executed and agreed to by the below named Parent/Guardian for and on behalf of the below named Participant on the date stated:

Participant (print name) _____

Participant Signature _____

Date: _____

Parent/Guardian (print name) _____

Parent/Guardian Signature _____

Date: _____

1861 Girls School Rules of Conduct

1. No weapons of any kind will be permitted. No tobacco products, drugs, or illegal substances will be tolerated. If you are taking prescription medication, please inform faculty. (You are requested to list medications on page 1 of your application).
2. A student who has driven to the School in her own automobile must park the automobile on the site property and turn in the key(s) to the faculty. All transportation arrangements during the summer session will be provided by the School while students are under the School's supervision.
3. Students may not go anywhere without proper chaperonage.
4. Students are expected to keep their rooms and other areas of the house neat and tidy. This includes making the bed, keeping personal items orderly and confined to your designated space of your bedroom, and picking up after oneself around the house, grounds, St. Peter's Church, and other locations associated with the School.
5. At all times, the actions and attitude of an 1861 Girls School student should be that of a lady.
6. Cell phones are to be stored with personal belongings in the student's bedroom on site and not used for calls or text during the day. (Use of modern devices seriously detracts from the period experience the School strives to maintain throughout the week.) Personal use of cell phones is allowed during bedtime hours or in the case of an emergency. If a parent or guardian needs to make an emergency contact during School hours, contact information is available at 1861girlsschool.com.
7. All instructions/rules must be followed.
8. Any student not following these Rules of Conduct may be sent home, at the expense of the parent/guardian, and without receiving a refund for tuition.

I, _____ **have read the above rules and agree to follow them.**
student name, printed

Student Signature: _____ Date: _____

I, the Parent/Guardian of the above named student, have read the above rules. I understand that my daughter (the student) may be sent home if she does not abide by these Rules of Conduct.

Parent/Guardian
Signature: _____ Date: _____