



Application for Full-Time Enrollment

There is a \$150.00 USD non-refundable application fee. The application process will not begin until payment has been received.

SECTION 1: BIOGRAPHICAL

Today's Date: _____ Student's SS#: _____
Month / Day / Year only applicable for American citizens or permanent US residents

Student Name: _____ Male Female
Last First Middle

I am applying for: Term _____ Grade _____ Boarding Non-Boarding
Fall or Spring, Year (8 - 12)

*Weil College Prep School Other _____
Currently Enrolled in Independent Study and plan to continue

*The WCPS 2019 Spring Semester begins on January 7 and ends on May 31, 2019.

Student's Date of Birth: _____ Age: _____
Month / Day / Year

Home Address: _____

City: _____ State/Region: _____ Postal Code: _____

Country: . Home Phone #: _____

Student's Email Address: _____ Cell Phone #: _____

Country of Citizenship: _____ City/Country of Birth: _____

SECTION 2: TENNIS

USTA # (US Players only): _____ ITF Ranking (if any): _____

USTA Ranking (if any): Sectional _____ National _____ Age Category _____

Coach's Name: _____ Contact Phone #: _____

Students must attach an essay (a minimum of 500 words) explaining why they wish to attend Weil Tennis Academy as well as an official school transcript (most current).



SECTION 3: ACADEMIC

School you currently attend: _____
School Name City / State / Country

Have you taken the Scholastic Aptitude Test (SAT)? No Yes Scores: Math _____ Verbal _____

Have you taken the Test Of English as a Foreign Language (TOEFL)? No Yes Score: _____

Does the student require any special learning assistance due to a learning disability? No Yes

If yes, please explain: _____

SECTION 4: FAMILY

Father's Name: _____ E-Mail: _____

Home Address: _____
(Please complete only if different from student's address)

Home Phone #: _____ Cell: _____ Work: _____

Employer: _____ Occupation: _____

Mother's Name: _____ E-Mail: _____

Home Address: _____
(Please complete only if different from student's address)

Home Phone #: _____ Cell: _____ Work: _____

Employer: _____ Occupation: _____

List of relatives/friends to contact in case of an emergency (other than parents):

Name: _____ Relationship: _____

Cell#: _____ City/State: _____

Name: _____ Relationship: _____

Cell#: _____ City/State: _____

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