

NEW MEXICO MILITARY INSTITUTE APPLICATION —
HIGH SCHOOL

Admissions Office • New Mexico Military Institute • 101 West College Blvd., Roswell, NM 88201 • 1-800-421-5376

PART I - PERSONAL DATA

Full Legal Name _____
Last First Middle

Social Security Number _____

Parent's (or Guardian) Legal Name _____

Gender Male Female

Permanent Address _____
Street City State Zip

Telephone Number (_____) _____

Mailing Address (If Different From Above) _____
Street City State Zip

Telephone Number (If Different From Above) (_____) _____

E-mail Address _____

Date of Birth _____

Height _____ Weight _____

U.S. Citizen Yes No

Non-U.S. Citizen Country _____ Permanent U.S. Visa _____ Current Visa Type _____

I wish to enter in the Fall _____ Spring _____ Term

Have you ever attended NMMI? Yes No If yes, Cadet Number _____

Have you ever been dismissed from a school or college? Yes No

If yes, please explain the circumstances _____

Possible career goal _____

In what ways did you learn about NMMI? _____

Give the names and relationship of any relatives who have attended NMMI _____

Ethnic Origin

African American

Hispanic

Native American

Latino

Tribal Affiliation _____

Mexican American

Asian American

White/Caucasian

Pacific Islander

Indian Subcontinent

PART II - EDUCATIONAL BACKGROUND

What grade level will you have completed immediately prior to entering NMMI? _____

Please list all schools attended, including summer schools, academic programs, and institutes.

Current or Last High School Attended _____

School Address _____
City County State Zip

Telephone Number (____) _____ Fax Number (____) _____

Province/Region (if not U.S.) _____ Country (if not U.S.) _____

Other Schools Attended

School Name	City	State	Dates Attended From	To
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Please list all of your extracurricular, community, and family activities and hobbies for the past three years in order of their importance to you. Be sure to note any significant honors won, letters earned, or positions held.

Interest/Activity	8-9-10-11	Honors Achieved
_____	_____	_____
_____	_____	_____
_____	_____	_____

Choose three extracurricular activities in preference order you may be interested in participating in at NMMI.

- | | | | |
|--|--|--|---|
| 1 <input type="checkbox"/> Band | 6 <input type="checkbox"/> Drama | 11 <input type="checkbox"/> Rifle | 16 <input type="checkbox"/> Tennis |
| 2 <input type="checkbox"/> Baseball | 7 <input type="checkbox"/> Drill Team | 12 <input type="checkbox"/> Scouting/Exploring | 17 <input type="checkbox"/> Track |
| 3 <input type="checkbox"/> Basketball | 8 <input type="checkbox"/> Football | 13 <input type="checkbox"/> Skiing | 18 <input type="checkbox"/> Volleyball (female) |
| 4 <input type="checkbox"/> Chorus/Choir | 9 <input type="checkbox"/> Golf | 14 <input type="checkbox"/> Soccer | 19 <input type="checkbox"/> Wrestling |
| 5 <input type="checkbox"/> Debate/Speech | 10 <input type="checkbox"/> Newspaper/Yearbook | 15 <input type="checkbox"/> Swimming | 20 <input type="checkbox"/> Junior ROTC |

Have you ever had civil conviction/adverse adjudication? (Including traffic violations if fine was MORE THAN \$250)

Yes No

If yes, please send a copy of court proceedings and final outcome.

NMMI provides a unique educational opportunity. With this in mind, why do you want to attend NMMI?

 X Signature of Applicant

STATEMENT OF PARENT OR GUARDIAN

1. Accompanying this application is a check, money order or bank draft in the amount of \$60.00 with the understanding that \$10.00 of this amount represents an Application Processing Fee and is not refundable. Further, we understand that the remaining \$50.00 will be credited to the Applicant's tuition account at the opening of the academic session. If we cancel the application before July 1 for Fall applicants or December 1 for Spring applicants, \$50.00 will be refunded to us. After the applicable deadline, we shall forfeit the entire \$50.00 if it is necessary for us to cancel the application or if the Applicant fails to report according to schedule. If this application is not accepted by the Institute, the tuition deposit of \$50.00 will be refunded to us.

2. It is understood that tuition, fixed fees, room, board and laundry are charged on a one-semester basis. Should the Applicant withdraw either for the convenience of the individual or the Institute, refund of tuition and fees (other than matriculation and other fees imposed as a penalty) will be made as follows:

- FIRST FIVE (5) CLASS DAYS 100%
- NEXT FIVE (5) CLASS DAYS 75%
- NEXT TEN (10) CLASS DAYS 50%
- NEXT TEN (10) CLASS DAYS 25%

Room is charged on a daily basis until the first day of classes. On the first day, the semester room charge will be assessed. Board and laundry is prorated on a weekly basis until semester's end. Unpaid balances become due and payable at once. We understand that transcripts, credits, and diplomas will be withheld until all financial obligations are paid.

3. In making this application, I/we shall abide by the policies and provisions, and other such regulations as the Board of Regents and administrative officers may feel are in the best interest of the Cadets, including the provision of any medical care and treatment which in the opinion of its medical staff is necessary and proper.

4. The undersigned states that he she is the mother father guardian of the Applicant whose name is affixed to the reverse side of this application; that the personal data has been checked and found correct; that he/she approves of this application; agrees to all the provisions contained herein; and, upon approval by the Institute, agrees to be bound thereby.

(Signature of Parent or Guardian)

Emergency Telephone Number (_____) _____
(Area Code) Number

Mailing Address _____
Street City State Zip

Date _____

NEW MEXICO RESIDENCY QUESTIONNAIRE

Biological parent or guardian* claiming New Mexico residency must answer all of the following questions. Failure to complete information will result in automatic non-resident status.

1. Name of Parent/Guardian _____
2. a. Most recent year filed New Mexico State Income Tax _____
b. Social Security Number for NM State Income Tax purposes _____ - _____ - _____
3. Dates of continuous NM residency _____ to _____ County _____
4. State & Date of Issue of driver's license State _____ Date _____
5. County & Date of voter registration County _____ Date _____
6. Place of employment _____
City State

*Guardian must provide notarized court documentation awarding guardianship of applicant.

NMMI's Admission Policy is totally non-discriminatory toward all qualified Applicants.

PART IV - PARENT HEALTH & CONSENT FORM

Has your son/daughter ever had the following special problems or is he/she under any treatments?

Check diseases and/or conditions experienced:

- | | | | |
|--------------------------------------|---|--|---------------------------------------|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Measles | <input type="checkbox"/> Skin Rash |
| <input type="checkbox"/> Bronchitis | <input type="checkbox"/> Fainting | <input type="checkbox"/> Mumps | <input type="checkbox"/> Tonsillitis |
| <input type="checkbox"/> Chicken Pox | <input type="checkbox"/> Frequent Headaches | <input type="checkbox"/> Polio | <input type="checkbox"/> Tuberculosis |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Hayfever | <input type="checkbox"/> Pneumonia | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Ear Trouble | <input type="checkbox"/> Hives | <input type="checkbox"/> Rheumatic Fever | _____ |

- (1) Allergic to medication, food _____
- (2) Has she/he ever had psychiatric or psychological treatments, medication, or hospitalization? _____
- (3) Require allergy shots NO/YES. If yes, please provide infirmary with allergy program and schedule from your physician. Additional charge will be made for this service.
- (4) Any past/present history of epilepsy, convulsions, bedwetting, weight loss, or long periods of time loss from past school. NO/YES _____
- (5) List medication currently being used _____
- (6) History of fainting spells, blacking out, or other related disorders NO/YES. If yes, please comment on separate sheet or by doctor's letter.
- (7) Any history of major operations/illness within the past 5 year period NO/YES. If yes, please comment on separate sheet.
- (8) Has your son/daughter had the following illness, give dates:
 _____ Chicken Pox _____ Mumps _____ Measles _____ Scarlet Fever
- (9) Any restrictions on your son's/daughter's physical activity NO/YES. If yes, please comment on separate sheet or by doctor's letter.
- (10) It is required by the state of NM Law that all immunizations are up to date and on file at the infirmary prior to admission to that Institute. If immunization information is missing, the medical form will be returned for your completion. If you wish the infirmary to update immunizations needed, please sign here _____
- (11) Is there any other information that you feel is important for us to know. NO/YES. If yes, please comment on separate sheet or have medical records sent to the infirmary.

I do hereby give permission to New Mexico Military Institute - Marshall Infirmary health care professionals—to treat my son/daughter on a routine and emergency basis. I also authorize the New Mexico Military Institute employed or contracted health care professionals to refer my son/daughter to an appropriate local physician in the Roswell community or to the Eastern New Mexico Medical Center Hospital for further evaluation, treatment, or hospitalization as deemed necessary.

The following conditions are considered disqualifying for admission to New Mexico Military Institute.

- A.** Active epilepsy
- B.** Diabetes requiring special diet and insulin therapy
- C.** Blindness
- D.** Deafness
- E.** Chronic renal disease
- F.** Chronic cardiac disease
- G.** Severe symptomatic asthma
- H.** Any severe neuromuscular or orthopedic disease which would interfere with the cadet's performance and physical activity in accordance with New Mexico Military Institute's requirements.
- I.** Any other substantial physical or mentally limiting condition which, in the opinion of the medical staff, would interfere with the cadet's ability to function satisfactorily at the New Mexico Military Institute.

I certify that the above information is true and correct to the best of my knowledge.

I fully understand that I am responsible for medical charges.

X _____
SIGNATURE OF PARENT OR GUARDIAN

MAILING ADDRESS

Date: _____ (YEAR) _____ CITY AND STATE _____ ZIP CODE