



**Aiken Educational Services LLC**  
**VISITING EQUESTRIAN PROGRAM**  
**Application for Admission**

Date of Application \_\_\_/\_\_\_/\_\_\_

Start Date \_\_\_/\_\_\_/\_\_\_ **(approx.)**

End Date \_\_\_/\_\_\_/\_\_\_ **(approx.)**

Current Grade \_\_\_\_\_

Name of Applicant \_\_\_\_\_  
Last First Middle Preferred Name

Birth Date \_\_\_\_\_

Home Address \_\_\_\_\_  
Street City State Zip Code

Home Phone Number (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

First Parent/Guardian's Full Name \_\_\_\_\_

Home Address \_\_\_\_\_

Telephone ( ) \_\_\_\_\_ Email \_\_\_\_\_

Fax ( ) \_\_\_\_\_ Cell Phone \_\_\_\_\_

Occupation/Title \_\_\_\_\_ Employer \_\_\_\_\_

Employer Address \_\_\_\_\_

Telephone ( ) \_\_\_\_\_ Email \_\_\_\_\_

Fax ( ) \_\_\_\_\_

Second Parent/Guardian's Full Name \_\_\_\_\_

Home Address \_\_\_\_\_

Telephone ( ) \_\_\_\_\_ Email \_\_\_\_\_

Fax ( ) \_\_\_\_\_ Cell Phone \_\_\_\_\_

Occupation/Title \_\_\_\_\_ Employer \_\_\_\_\_

Employer Address \_\_\_\_\_

Telephone ( ) \_\_\_\_\_ Email \_\_\_\_\_

Fax ( ) \_\_\_\_\_

Who is financially responsible? \_\_\_\_\_

*Address if none of the listed above* \_\_\_\_\_  
Street City State Zip Code

How did you hear about Aiken Educational Services? \_\_\_\_\_

Applicant's Current School \_\_\_\_\_

School Address \_\_\_\_\_  
Street City State Zip Code

School Phone Number \_\_\_\_\_ School Contact \_\_\_\_\_

<i>COURSE</i>	<i>TEXTBOOK/S</i>	<i>ISBN#</i>	<i>SUPPORTING MATERIALS</i>

**Please return this application, a non-refundable \$50 application fee (make check payable to Aiken Educational Services LLC, and student's most current report card to:**

**Visiting Equestrian Program Director  
Aiken Educational Services LLC  
525 Laurens Street, SW  
Aiken, SC 29801**

Date \_\_\_\_\_ Parent/GuardianSignature \_\_\_\_\_