



St. Mary's Academy

TRADITION ENDURES

APPLICATION FOR ADMISSION

20____-20____ Academic Year

STUDENT'S FULL NAME

LAST NAME FIRST NAME MIDDLE NAME

SEX: F ☐ M ☐

DATE OF BIRTH AGE PLACE OF BIRTH

ADDRESS _____
STREET CITY/STATE ZIP

GRADE STUDENT WILL ENTER _____ YEAR _____

CHECK ALL THAT APPLY: ☐ FATHER DECEASED ☐ PARENTS SEPARATED
☐ MOTHER DECEASED ☐ PARENTS DIVORCED

PLEASE LIST ALL THE STUDENT'S BROTHERS AND SISTERS (INCLUDE AGES)

PLEASE LIST ALL THE SCHOOLS ATTENDED BY THE STUDENT DURING THE PAST TWO YEARS
NAME OF SCHOOL ADDRESS YEAR AND GRADES ATTENDED

SACRAMENTS RECEIVED:

	BAPTISM	HOLY COMMUNION	CONFIRMATION
DATE	_____ *	_____ *	_____ *
CHURCH	_____ *	_____ *	_____ *
CITY/STATE	_____ *	_____ *	_____ *
MINISTER	_____ *	_____ *	_____ *

DOES THE STUDENT HAVE ANY PARTICULAR ACADEMIC STRENGTHS/WEAKNESSES?

Has the student ever repeated or skipped a grade? Explain. _____

Has the student ever been evaluated for suspected learning disabilities? Specify. _____

What are your expectations for your child during enrollment at St. Mary's Academy? _____

NAME OF FATHER: _____

NAME OF MOTHER: _____

HOME ADDRESS: _____

HOME ADDRESS: _____

CITY STATE ZIP

CITY STATE ZIP

OCCUPATION: _____

OCCUPATION: _____

EMPLOYED BY: _____

EMPLOYED BY: _____

HOME PHONE CELL PHONE

HOME PHONE CELL PHONE

EMAIL: _____

EMAIL: _____

RELIGIOUS PREFERENCE: _____

RELIGIOUS PREFERENCE: _____

COLLEGE & DEGREES: _____

COLLEGE & DEGREES: _____

List student's special interests, hobbies, or activities: _____

Is there anything you wish to call to our attention? _____

Transportation to and from school: _____

In case of emergency, list two people who would care for your child:

1. Name: _____ Phone: _____ Relationship: _____

2. Name: _____ Phone: _____ Relationship: _____

Has your child any serious illnesses or known allergies to any medication? Specify.

List physical handicaps or difficulties (vision, hearing, etc.)

Insurance _____ Policy # _____

I UNDERSTAND THAT THE SCHOOL DOES NOT ASSUME RESPONSIBILITY FOR PAYMENTS OF A PHYSICIAN. HOWEVER, IN AN EMERGENCY, THE SCHOOL ☐MAY ☐MAY NOT CHOOSE A PHYSICIAN. MY CHOICE OF A LOCAL PHYSICIAN IS AS FOLLOWS:

1. Doctor: _____ Phone: _____ Address: _____

2. Doctor: _____ Phone: _____ Address: _____

I/We agree to uphold and support the spiritual, moral, and academic progress of my/our child, especially by supporting the school's policies regarding, movies, television, modern popular music, and dating. I/We understand that a violation of these standards by my/our child shall be grounds for disciplinary action, including suspension or dismissal from the school. I/We also am/are acquainted with St. Mary's Academy School's disciplinary code.

Further, I/We relieve St. Mary's Academy, its administrators and staff, and the Congregation of Mary Immaculate Queen (a nonprofit Washington Corporation) of all responsibility for my/our child in the event of accident or unforeseen injury or mishap.

I/We herewith designate St. Mary's Academy and/or any authorized agent thereof to act *in loco parentis* insofar as authorizing health care for my child when I/we am/are not present and/or cannot be reached. In this capacity I/we hereby authorize St. Mary's Academy and/or authorized agent thereof to make any decisions necessary regarding such care pertaining to the following:

- a. admittance to hospital emergency room and/or health facility,
- b. treatment, whether specific or general by any such described facility and/or authorized medical personnel employed by such facility
- c. any other decisions necessary to implement such treatment and/or admittance

I/We hereby release St. Mary's Academy and/or any authorized agent thereof from liability for authorizing admittance and/or treatment of my/our above named child in my/our absence.

I/We hereby assume all financial liability for such services as may be authorized by St. Mary's Academy and/or any authorized agent thereof for the health care of my/our child, as specified above, when I/we are not present and/or cannot be reached.

SIGNATURE OF BOTH PARENTS AND/OR GUARDIANS

DATE

SIGNATURE OF BOTH PARENTS AND/OR GUARDIANS

DATE