



# ST. MONICA ACADEMY GRADE SCHOOL APPLICATION GRADES 1-5

**Application Fee (\$50.00 per student)**

Date \_\_\_\_\_ Applying for Grade \_\_\_\_\_ School Year \_\_\_\_\_

Applicant's Name \_\_\_\_\_

Last

First

Middle

Preferred Name \_\_\_\_\_ Primary Phone No. (\_\_\_\_) \_\_\_\_\_

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

Street

City

State

Zip

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Place of Birth \_\_\_\_\_ Country of Citizenship \_\_\_\_\_

Native Language \_\_\_\_\_ Religion \_\_\_\_\_ Parish or Church you attend \_\_\_\_\_

Date of Baptism \_\_\_\_\_ Date of First Communion \_\_\_\_\_ Date of Confirmation \_\_\_\_\_

How did you learn about St. Monica Academy? \_\_\_\_\_

## FAMILY INFORMATION

Both parents living       Divorced       Separated       Remarried

Applicant lives with       Both parents       Mother       Father       Guardian

Is applicant adopted? \_\_\_\_\_ Do other adults live at home? \_\_\_\_\_ Names and role \_\_\_\_\_

Father's Name \_\_\_\_\_ E-mail address \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

(If different from above)

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

(If different from above)

Place of Work \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_

Work Location \_\_\_\_\_ Position or Title \_\_\_\_\_

College(s) Attended \_\_\_\_\_ Degree(s) \_\_\_\_\_

Father's hobbies or special interests (including musical, dramatic, athletic, computer, crafts, etc.):

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Mother's Name \_\_\_\_\_ E-mail address \_\_\_\_\_  
Maiden Name \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_  
Home Address \_\_\_\_\_ Religion \_\_\_\_\_  
Place of Work \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_  
Work Location \_\_\_\_\_ Position or Title \_\_\_\_\_  
College(s) Attended \_\_\_\_\_ Degree(s) \_\_\_\_\_

### VOLUNTEER ACTIVITIES/SPECIAL INTEREST/HOBBIES

Please list special skills, talents, or education that you could contribute as a volunteer at St. Monica Academy. Include musical, dramatic, athletic, computer, crafts, etc.

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### NAMES AND AGES OF SIBLINGS

### SCHOOLS CURRENTLY ATTENDING

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### SCHOOL HISTORY

List names of schools' applicant has attended. (Parent copies of student records are required while we wait for official transcripts.) If applicant has been home-schooled, please list length of time, and grade levels.

School	Location	Attendance Dates
_____	_____	_____
_____	_____	_____
_____	_____	_____

Has applicant ever skipped a grade? \_\_\_\_\_ If so, what grade? \_\_\_\_\_

Has applicant ever repeated a grade? \_\_\_\_\_ If so, what grade? \_\_\_\_\_

Does the applicant have any diagnosed physical or learning disabilities? \_\_\_\_\_ If yes, please describe:  
\_\_\_\_\_

Has he/she had academic or discipline problems in school? \_\_\_\_\_ If so, in what areas: \_\_\_\_\_  
\_\_\_\_\_

Has he/she ever had frequent absences or tardiness? \_\_\_\_\_ If so, explain: \_\_\_\_\_  
\_\_\_\_\_

Has he/she ever been subject to a suspension or expulsion? \_\_\_\_\_ If so, explain: \_\_\_\_\_  
\_\_\_\_\_

If you are transferring, why do you wish to transfer? \_\_\_\_\_  
\_\_\_\_\_

**MEDICAL INFORMATION**

A report of health examination signed by your doctor is required upon enrollment.

Does applicant suffer from any specific health conditions that we should be aware of? \_\_\_\_\_

Please explain:

\_\_\_\_\_  
\_\_\_\_\_

Does he/she require any special attention? \_\_\_\_\_

Is he/she currently taking any medication? \_\_\_\_\_ If so, what kind? \_\_\_\_\_

Has applicant ever had an operation? \_\_\_\_\_ If so, what and at what age? \_\_\_\_\_

Has he/she ever had a serious injury? \_\_\_\_\_ If so, what and at what age? \_\_\_\_\_

Has applicant stayed home from school repeatedly or for long periods due to illness? \_\_\_\_\_

Please explain:

\_\_\_\_\_  
\_\_\_\_\_

Has applicant ever received special attention or evaluation from a psychologist, therapist, or counselor?  
If so, please list date, name and address of consultants and describe situation briefly.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## PARENT QUESTIONNAIRE

Please answer the following questions regarding your child applying to St. Monica Academy, taking into consideration our Mission Statement found on the *About Us/Mission & Philosophy* page of our website, [www.stmonicaacademy.com](http://www.stmonicaacademy.com)

What are your expectations regarding your children's educational experience at St. Monica Academy? \_\_\_\_\_

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What kinds of activities do you enjoy doing together as a family? \_\_\_\_\_

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What kind of discipline system do you practice at home? \_\_\_\_\_

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What would you say are your child's main assets, qualities, strengths, and talents (academically, socially, physically, and/or morally)?

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Further explanations to previous questions:

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I hereby certify that all information provided on this application and all information given to St. Monica Academy is complete and accurate, and I understand that falsification or omission of information may result in disqualification or dismissal. Furthermore, I understand that all information submitted to St. Monica Academy is confidential. The Director of Admission may disclose for official purposes, however, information necessary for the admission decision.

Parents' or guardians' signatures:

Mother \_\_\_\_\_ Date \_\_\_\_\_

Father \_\_\_\_\_ Date \_\_\_\_\_

If only one parent is signing the application, please explain below. If the applicant's parents are divorced, the signature of at least the custodial parent is required.

### CHECKLIST: REQUIREMENTS FOR APPLICATION FOR ADMISSION

For us to consider your application, the following items must be completed and/or submitted:

- \_\_\_\_\_ Completed and signed application
- \_\_\_\_\_ \$50 application fee
- \_\_\_\_\_ Picture of applicant
- \_\_\_\_\_ Copy of Birth Certificate
- \_\_\_\_\_ Copy of Baptismal Certificate (if applicable)
- \_\_\_\_\_ Authorization for Release of Student Records

**Please deliver, email, or mail application to:**

St. Monica Academy

*Admissions*

2361 Del Mar Rd

Montrose, CA 91020

Attn: Erin Talbot

[admissions@stmonicaacademy.com](mailto:admissions@stmonicaacademy.com)

*St. Monica Academy admits students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school.*

*It does not discriminate based on race, color, national and ethnic origin in administration of its educational policies, admissions policies, scholarship, and loan programs, athletic and other school-administered programs.*



# Authorization for Release of Student Records

Dear Parent,

St. Monica Academy will contact the current school named below and request the following records:

- 1) Report cards -two previous grade levels and last semester current academic year
- 2) Standardized Test Scores
- 3) Absence and tardy records-as they appear on cumulative report card
- 4) Conduct and behavior records - a request for information, positive or negative, concerning the applicant's behavior that might be helpful to our admission office when evaluating the applicant.

Student Name \_\_\_\_\_ School email \_\_\_\_\_

Current School \_\_\_\_\_ School Phone \_\_\_\_\_

Please check one of the following:

\_\_\_ I hereby request that St. Monica Academy **not** contact my student's current school until my student is enrolled at St. Monica Academy. In the interim, I will provide copies of my student's records for admission evaluation purposes.

\_\_\_ I hereby authorize the release of my child's academic grades, standardized test scores, absence/tardy records, and any disciplinary records to St. Monica Academy.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent Phone (\_\_\_\_) \_\_\_\_\_