

ST. MONICA ACADEMY GRADE SCHOOL APPLICATION GRADES 6-8

Street		Application	n Fee (\$50.00 per stu	dent)
Last First Middle	Date	Ap	plying for Grade	School Year
Preferred Name Primary Phone No. ()	Applicant's Name			
Street City State Zip Date of BirthAgePlace of BirthCountry of Citizenship Native LanguageReligionParish or Church you attend Date of BaptismDate of First CommunionDate of Confirmation How did you learn about St. Monica Academy? FAMILY INFORMATIONBoth parents livingDivorcedSeparatedRemarried Applicant lives withBoth parentsMotherFatherGuardia Is applicant adopted?Do other adults live at home?Names and role Father's NameE-mail address Home Phone ()(If different from above) Home AddressReligion				
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 Guardia Is applicant adopted? Do other adults live at home? Names and role Father's Name E-mail address Religion (If different from above) Home Address Religion (If different from above) Place of Work Work Phone ()	Preferred Name	F	Primary Phone No. ()
Date of Birth	Home Address			
Native Language			•	*
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 Guardia 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 ()	Date of Birth	Age Place of	f Birth	Country of Citizenship
How did you learn about St. Monica Academy?	Native Language	Religion	Parish or Chur	ch you attend
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Applicant lives with	FAMILY INFORMAT	TION		
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Father's Name E-mail address Cell Phone () (If different from above) Home Address Religion (If different from above) Place of Work Work Phone ()	Applicant lives with	☐ Both parents	☐ Mother	☐ Father ☐ Guardian
Home Phone () Cell Phone () Religion (If different from above) Place of Work Work Phone ()	Is applicant adopted?	Do other adults live	e at home? Name	s and role
(If different from above) Home Address Religion (If different from above) Place of Work Work Phone ()	Father's Name	E-r	mail address	
(If different from above) Home Address Religion (If different from above) Place of Work Work Phone ()	Home Phone ()		Cell Phone (_)
(If different from above) Place of Work Work Phone ()				
Place of Work Work Phone ()				Religion
Work Location Position or Title			W	ork Phone ()
	Work Location	1	Position or Title	
College(s) AttendedDegree(s)	College(s) Attended		Degree(s)	

Mother's Name	E-mail address	
Maiden Name	Cell Phone ()	
Home Address	erent from previous page)	eligion
	erent from previous page) Work Phone (_	
Work Location	Position or Title	
College(s) Attended	Degree(s)	
VOLUNTEER ACTIVITI	IES/SPECIAL INTEREST/HOBBIES	
Please list special skills, talents Include musical, dramatic, athl	s, or education that you could contribute as a v letic, computer, crafts, etc.	volunteer at St. Monica Academy.
NAMES AND AGES OF	SIBLINGS SCHOOLS C	URRENTLY ATTENDING
		<u>-</u>
SCHOOL HISTORY		
List names of schools' applica	nt has attended. (Parent copies of student recont has been home-schooled, please list length of	
School	Location	Attendance Dates
Has applicant ever skipped a g	rade? If so, what grade?	
Has applicant ever repeated a g	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, stmonicaacademy.com

What are your expectations regarding your children's educational experience at St. Monica Academy?
<u> </u>
What kinds of activities do you enjoy doing together as a family?
What kind of discipline system do you practice at home?
What would you say are your child's main assets, qualities, strengths, and talents (academically, socially, physically, and/or morally)?
Further explanations to previous questions:

STUDENT QUESTIONNAIRE

The student applicant should answer these questions in the space below. Additional pages may be attached, if necessary.
What hobbies do you most enjoy outside of school?
What sorts of activities do you enjoy most outside of school?
What is your favorite academic subject and why?
Please describe an event that has had a special impact or significance in your life.

ST. MONICA ACADEMY STUDENT ESSAY

Please neatly handwrite your answer to the following question. Why do you want to come to St. Monica Academy?

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
-	one parent is signing the application, please explain below. If the applicant's parents are divorced, are 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
	Authorization for Release of Student Records
	Student essay
	Teacher Recommendation

the

Please deliver, email, or mail application to:

St. Monica Academy *Admissions* 2361 Del Mar Rd Montrose, CA 91020

Attn: Erin Talbot

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.



Please check one of the following:

ST. MONICA ACADEMY **AUTHORIZATION FOR RELEASE** OF STUDENT 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 pplicant's behavior that might be helpful to our admission office when evaluating the applicant.				
Student Name	School email				
Current Schoo	School Phone				

I hereby request that St. Monica Academy **not** contact my student's current school until my student is

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

enrolled at St. Monica Academy. evaluation purposes.	In the interim, I will provide copies of my student's records for admission
I hereby authorize the release records, and any disciplinary records.	se of my child's academic grades, standardized test scores, absence/tardy ords to St. Monica Academy.
Parent Signature	Date
Parent Phone ()	



ST. MONICA ACADEMY TEACHER RECOMMENDATION

Student Name	 			
will be considered in the	 C-	1:4-	-1	

This recommendation will be considered in the admission process for applicants along with entrance exam scores, transcripts, application essay, and parent and student interviews.

Please indicate with a check mark your rating of the applicant in the following areas:

	Highly Recommend	Recommend	Recommend with Reservations	Do Not Recommend
Academics				
Commitment to Learning				
Work and Study Habits				
Discipline				
Cooperative, Follows Rules				
Responsible				
Attendance				
General Conduct				
Character Initiative/Leadership				
Personal Relationships				
Additional Comments (feel free to a	dd additional pages)			
Teacher's Name Printed		_ Teacher's Signa	ature	
Teacher's School		Date		

Please mail or email this form to: St. Monica Academy – 2361 Del Mar Road – Montrose, CA 91020 Attn: Erin Talbot – <u>admissions@stmonicaacademy.com</u>