

St. Edmund's Academy

application for admission

Student:	Last Name	First	Middle	Preferred Name
	Birthdate	Birthplace	<input type="radio"/> Male <input type="radio"/> Female	
	Address			
	City	State	Zip	Phone

Application is being made for the school year beginning Fall _____, for admissions to:

Preschool:	<input type="radio"/> 1/2 Day	<input type="radio"/> 3 Full/2 Half Day	<input type="radio"/> Full Day
PreKindergarten:	<input type="radio"/> 1/2 Day	<input type="radio"/> 3 Full/2 Half Day	<input type="radio"/> Full Day
Kindergarten:	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8		

*Fill in only if different from student's

Parent 1/ Guardian:	Name (Mr./Mrs./Ms./Dr.)	Phone
	Address*	City State Zip
	Email	
	Employer	Occupation
	Business Address	City State Zip Phone

Parent 2/ Guardian:	Name (Mr./Mrs./Ms./Dr.)	Phone
	Address*	City State Zip
	Email	
	Employer	Occupation
	Business Address	City State Zip Phone

Grand- parents:	Name	Phone	Email
	Address	City	State Zip
	Name	Phone	Email
	Address	City	State Zip

Schools, pre-schools and day care facilities attended during the past three years:

Name	Address/Phone	Grades
_____	_____	_____
_____	_____	_____
_____	_____	_____

Other Children	Name	Birthdate	Male/Female	School Now Attending
	_____	_____	_____	_____
	_____	_____	_____	_____

Other family members who have attended St. Edmund's Academy: _____

From what sources have you heard of St. Edmund's Academy? _____

Are you interested in receiving a financial aid packet? Yes No

If there is any additional information you would like to share with us, please list it on a separate sheet.

Signature of Parent or Guardian:

X _____

Date: _____

St. Edmund's Academy

supplementary application form

Must be completed by parents. Application is incomplete without this form.

Dear Parent(s),

St. Edmund's Academy needs as much information about your child as possible in order to determine if the school is a good match for your child and, if required, that the school has the necessary resources for him/her. Please fill out the form below accurately and completely. It must be returned to the Admissions Office.

Child's Name:

Applying to Grade:

What expectations do you have of St. Edmund's Academy for your child?

What would you like to share with us about your child?

Grades 1-8: Please read the "Homework" section in our "St. Edmund's Academy Facts and Figures". Do the St. Edmund's Academy homework expectations differ from your child's current situation? If yes, why?

Has your child ever (check all that apply): Please provide an explanation for any checked boxes.

- had an educational evaluation
- been recommended for a "gifted" program
- been identified with language processing difficulties
- received speech/language services
- been diagnosed with ADD/ADHD
- had a psychological evaluation
- been seen professionally for school-related issues
- been diagnosed with a learning disability
- been put on probation or suspended from school
- Is there other information that you think would be helpful for us to know?

Please use another sheet of paper if necessary. Check here if so.

Enclosed is a \$50.00 non-refundable fee. This fee must be submitted with the completed application. It covers the cost for processing of student and school records and our applicant evaluation. Checks should be made payable to **St. Edmund's Academy**.

St. Edmund's Academy admits students of any race, color, gender, 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 on the basis of race, color, gender, national and ethnic origin in administration of its educational policies, scholarship and loan programs, and athletic and other school-administered programs.

ST. EDMUND'S ACADEMY
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