

St. Anthony
Academy Application for
Admission

Date _____

School Year Applying For: _____

Family Information

Mother

Father

Full Name: _____

Address : _____

Occupation: _____

Home Phone: _____

Cell Phone: _____

Email: _____

Religion: _____

Are parents married, divorced, separated or remarried? _____

Please list below the names and grades of the children for whom you are applying:

Name:

Grade:

Name:

Grade

Please fill out one 'Applicant Information' form for each of the children for whom you are applying.

Applicant Information

Applicant Name: _____ Grade applying for _____

Date of Birth: _____ Citizenship: _____

Please list all the previous schools that the applicant has attended:

SCHOOL	LOCATION	ATTENDANCE DATES

Please list the following if the student is a Roman Catholic:

SACRAMENT	DATE	CHURCH	LOCATION
BAPTISM			
HOLY EUCHARIST			
CONFIRMATION			

1. Has the applicant ever skipped a grade, or been held back a grade? Please explain.

2. Has the applicant ever been diagnosed with a physical/learning disability? Please explain.

3. Does the applicant have any serious academic difficulties? Please explain.

4. Does the applicant suffer from any health conditions of which we should be aware?

5. Is the applicant currently taking any medication? If so, what are these medications?

Parent Questionnaire

1. Please describe what you believe to be your child's greatest strengths and talents.

2. Please describe his greatest challenges.

3. Why do you want your child to attend St. Anthony Academy?

I hereby certify that all information provided on this application and all information given to St. Anthony Academy is complete and accurate. I understand that falsification or omission of any information may result in disqualification of the application or subsequent dismissal from St. Anthony Academy.

I also understand that all information submitted to St. Anthony Academy is confidential and that the Principal may disclose, for official purposes only, any information received from the applicant.

Signature of Parents:

Father: _____

Date: _____

Mother: _____

Date: _____

Please mail the completed application with a non-refundable application fee of \$50.00 per student (or \$100 per family) to:

St. Anthony Academy
10201 Main St.,
Suite 125
Fairfax, Virginia 22030