



# St. Mary's Christian Academy

"Christian Principles for Each Child, Each Day, and in Each Classroom."

3407 N New Hope Road, Raleigh, NC 27604

(984) 500 – 5990

[www.StMaryYouth.org](http://www.StMaryYouth.org)

## 2020-2021 Enrollment Application

Applicant Information										
Full Name:		_____			_____			Date: _____		
		<i>Last</i>			<i>First</i>			<i>M I</i>		
Address:		_____						_____		
		<i>Street Address</i>						<i>Apartment/Unit #</i>		
		_____						_____		
		<i>City</i>						<i>State</i>		
								<i>ZIP Code</i>		
Phone: _____		Date of Birth: _____			Ethnicity/Race: _____					
Gender: _____		Male _____		Female _____		Present Grade: _____			Grade of Interest: _____	
Have you applied for admission previously?				YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, when? _____			Age at Graduation: _____	
Current GPA (if applicable): _____				SAT/ACT scores (if applicable):			_____/_____ SAT                      ACT			
Educational Information										
Current School: _____					Address: _____					
Years attended: _____ to _____					Telephone: _____					
Has this student ever been expelled or otherwise severely disciplined in any other school?    YES <input type="checkbox"/> NO <input type="checkbox"/>										
If yes, please explain:			_____							
			_____							
			_____							
Parent/Guardian Information										
Father's Full Name: _____					Mother's Full Name: _____					
Home Address: _____					Home Address: _____					
Occupation: _____					Occupation: _____					
Employer: _____					Employer: _____					
Business Phone: _____					Business Phone: _____					
Cell phone: _____					Cell Phone: _____					
Email: _____					Email: _____					
Parent's Marital Status:    Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Remarried <input type="checkbox"/> Single <input type="checkbox"/>										
Person/Agency with legal custody of child: _____					Relationship to student: _____					

**This form is required to be completed for admission to St. Mary's Christian Academy. All fees and/or monies, including book fees paid for registration and tuition are non-transferable and non-refundable. Falsified information presented on this document can cause student to be expelled.**

### Medical History

Emergency Contact: _____	Emergency Phone Number: _____
Name of Medical Doctor: _____	Phone Number: _____
Name of Dentist: _____	Phone Number: _____
Contact's relation to student (please list someone other than the parent/guardian): Grandparent <input type="checkbox"/> Adult Sibling <input type="checkbox"/> Aunt/Uncle <input type="checkbox"/> Friend <input type="checkbox"/> Other <input type="checkbox"/> _____	
Is the student currently on any medication? YES <input type="checkbox"/> NO <input type="checkbox"/>	Does the student have food/medical allergies? YES <input type="checkbox"/> NO <input type="checkbox"/>
If yes, please list them below: _____ _____ _____	If yes, please list them below: _____ _____ _____

### Social History

Does student and/or family members have a DSM-IV diagnosis, or show signs of psychological illness (including drug or alcohol abuse)? YES <input type="checkbox"/> NO <input type="checkbox"/> Number in Household _____	
Is the student and/or family currently receiving therapy/counseling? YES <input type="checkbox"/> NO <input type="checkbox"/>	
With whom? : _____	How often? : _____
Has the student ever been abused (physically/sexually) or neglected? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Is the student currently on any medication? YES <input type="checkbox"/> NO <input type="checkbox"/>	Does the student have food/medical allergies? YES <input type="checkbox"/> NO <input type="checkbox"/>
Yearly household income: < \$15K <input type="checkbox"/> \$15-\$20K <input type="checkbox"/> \$21-\$25K <input type="checkbox"/> \$26-\$30K <input type="checkbox"/> \$31-\$36K <input type="checkbox"/> \$36-\$40K <input type="checkbox"/> \$40-\$50K <input type="checkbox"/> >\$50K <input type="checkbox"/>	
Number of people in the household : _____	

## St. MARY'S CHRISTIAN ACADEMY STATEMENT OF COOPERATION

I give St. Mary's Christian Academy permission for my child to take part in all Academy activities, including: bus trips, sports activities and Academy-sponsored trips away from the school premises. I give permission for my child to be videotaped and broadcast for use at the discretion of the school in accordance with local, state and federal laws. I further agree to hold the Academy and its agents harmless for any liability to my child or any guardian or parent thereof because of any claims on behalf of my child against ST. MARY'S CHRISTIAN ACADEMY or any agent thereof because of any injury to my child. Should legal action, for any reason, be taken against ST. MARY'S CHRISTIAN ACADEMY or any employee or agent thereof, on my "child's" behalf, and the ST. MARY'S CHRISTIAN ACADEMY or its agent not be found at fault, I agree to pay any attorney fees, court fees, damages or other costs that ST. MARY'S CHRISTIAN ACADEMY or its agent should incur to defend itself against such action. I understand that ST. MARY'S CHRISTIAN ACADEMY does not carry any type of accident insurance. All injuries must be filed through each family's health insurance policy.

This statement of cooperation will be in effect for as long as my child(ren) listed (or other to be enrolled) attends this Academy. I understand that should my marital status change that it is my responsibility to have a corrected Statement of Cooperation signed, updated, and delivered to ST. MARY'S CHRISTIAN ACADEMY. **I understand that all monies paid for registration and tuition are NON-TRANSFERABLE AND NON-REFUNDABLE.**

### ACCEPTANCE OF STUDENTS

St. MARY'S CHRISTIAN ACADEMY reserves the right to accept or reject the admission of any student and to place that student in the grade level or subjects judged most appropriate for his/her school experience. The Admissions Office and the Board of directors may render this judgment based on the completed application, previous school and achievement and behavior history.

#### Notice of Non-discriminatory Policy Regarding Students

St. Mary's Christian Academy students of any race, color, nationality and ethnic origin to all of 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, nationality and ethnic origin in administration of its education policies, admissions policies, financial aid and loan programs, athletics or other school programs.

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MOTHER \_\_\_\_\_

DATE \_\_\_\_\_

FATHER \_\_\_\_\_

DATE \_\_\_\_\_

PRINCIPAL \_\_\_\_\_

DATE \_\_\_\_\_

The Application Process

1. Please type or neatly write the information requested in the application. Be sure to answer every question.
2. After carefully reading the Statement of Cooperation, please provide your signature if you do agree to the terms presented.
3. Using the checklist provided below, gather the materials needed to complete the information packet. Also prepare to pay your registration fee. *The pre-registration fee is \$65.00, and this period ends on March 31st. The registration fee after this date is \$100.00.*

Application Packet Checklist

- \_\_\_\_\_ Completed St. Mary's Christian Academy application
- \_\_\_\_\_ Copy of student's transcript (high school)/ Shot Record / Cum Folder
- \_\_\_\_\_ Pre-Registration fee of \$65.00 or Registration fee of \$100.00
- \_\_\_\_\_ 1<sup>st</sup> Months Tuition Fee \$420.00 (12 months) or \$350 (10 months)

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FOR OFFICE USE ONLY

Additional Comments:

Finance Office X \_\_\_\_\_

Date \_\_\_\_\_

Academy Office X \_\_\_\_\_

Date \_\_\_\_\_

Orientation Date	Registration Fee	Admission Decision	Records Requested
/ /		Accepted    Denied	/ /

Tuition Fees	
Records Received	
File	

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