



St. Mary's Christian Academy

achieve excellence

3407 N New Hope Road, Raleigh, NC 27604

(919) 878-0559

www.StMaryYouth.org

2022-2023 Admissions 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>State</i>		<i>ZIP Code</i>
City									
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 for admission to St. Mary's Christian Academy. False or misleading information provided in this application may result in rescinding of admissions offer or expulsion of applicant after enrollment.

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)? <input type="checkbox"/> YES <input type="checkbox"/> NO 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 : _____	

STATEMENT OF COOPERATION

I agree to hold ST MARY'S CHRISTIAN ACADEMY (hereinafter "SMCA") and its agents harmless for any liability to the student or any guardian or parent thereof because of any claims on behalf of the student against SMCA or any agent thereof because of any injury to the student. Should legal action, for any reason, be taken against SMCA or any employee or agent thereof on the student's behalf, and SMCA and its agent not be found at fault, I agree to pay any attorney fees, court fees, damages or other costs that SMCA or its agent(s) should incur to defend itself against such action. I also understand that all claims for injuries must be filed through my family's health insurance policy.

This statement of cooperation will be in effect for as long as the student attends SMCA programming. 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 SMCA. I understand that all monies paid for registration and tuition are non-transferable and non-refundable.

ACCEPTANCE OF STUDENTS

SMCA 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, with reasonable advance notice to the family of the student. The Admissions Office and the Board of Directors may render this judgment based on the completed application, previous school and achievement and behavior history.

MOTHER _____

DATE _____

FATHER _____

DATE _____

PRINCIPAL _____

DATE _____

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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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
- _____ Registration fee: \$100.00 (non-refundable)
- _____ 1st Month's Tuition: \$616.00

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FOR OFFICE USE ONLY

Additional Comments:

Finance Office X _____
 Academy Office X _____

Date _____
 Date _____

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

Tuition Fees	
Records Received	
File	

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