

APPLICATION FOR ADMISSIONS

Summer Enrichment Program

St. Catherine's Military Academy

215 N. Harbor Blvd. Anaheim CA 92805

(714) 772-1363 (714) 772-3004 Fax

E-Mail: admissions@stcatherinesmilitaryacademy.org

The following documents are to be submitted with the completed application:

- | | |
|---|--|
| 1. Copy of last two years' report cards | 7. NON-REFUNDABLE \$50 application fee |
| 2. Copy of last two years' standardized test scores | \$100 for International Students |
| 3. Results of any additional testing completed on the student | 8. Date of last TB Test _____ |
| 4. Copy of student's birth certificate | 9. Copy of Immunization Record |
| 5. Current photo of student | 10. Teacher Recommendation Form |
| 6. Parent Questionnaire | |

STUDENT INFORMATION (PLEASE USE BLACK INK)

Legal Last Name		First Name		MI	Nickname
Address					
City			State	Zip Code	Country
Home Phone #	Fax #	Father's E-Mail		Mother's E-Mail	
Student Date of Birth	Birthplace (City & State)		Social Security # - ID Card #		
Primary Language Spoken in Home			Religion		
Current School			Phone Number		
School Address:		City/State		Zip Code	

Please mark those areas that apply: **T-Shirt size:** Youth _____ Adult _____

Grade Next Year: _____

My son's status for the summer will be:

_____ **AM Only** (8:00am-12:00pm) _____ **Day** (8:00am-5:00pm) _____ **5-Day Resident** (Mon-Fri) _____ **7 Day Resident**

My son will attend his present school in the Fall

I would like my son to attend SCMA in the Fall (if applying for the Fall, please fill out Fall Application Form)

My son's status for the Fall will be: _____ **Day** _____ **5-Day Resident** _____ **7 Day Resident**

Has your son previously attended SCMA's Summer Enrichment Program? _____ Yes _____ No

HOME SITUATION Circle all persons with whom the student resides:

Father Mother Stepfather Stepmother Other*

Please Explain _____

If shared custody applies, please explain _____

FAMILY INFORMATION (All information must be completed)

Father/Guardian's Last Name		First Name		Social Security # / DL #	
Home Address		City		State	Zip Code
Home #	Cell #	Fax#		E-Mail:	
Occupation & Employer		Work #		Extension	
Work Address		City		State	Zip Code

Mother's/Guardian's Last Name		First Name		Social Security # / DL #	
Home Address		City		State	Zip Code
Home #	Cell #	Fax#		E-Mail	
Occupation & Employer		Work #		Extension	
Work Address		City		State	Zip Code

EMERGENCY INFORMATION

Emergency Contact		Relationship to Student			
Address		City		State	Zip Code
Home #	Cell #	Other #			

Emergency Contact		Relationship to Student			
Address		City		State	Zip Code
Home #	Cell #	Other #			

We, the undersigned parents or legal guardians of _____,
do hereby agree to abide by the rules and regulations of the St. Catherine's Military Academy
Summer Enrichment Program. Violation of said rules and regulations may result in dismissal.

Signature of Administrator

Signature of Parent/ Guardian Date

Signature of Parent/Guardian Date