

# APPLICATION FOR ADMISSIONS (2010-2011 SY)

(PLEASE USE BLACK INK)



## St. Catherine's Military Academy

215 N. Harbor Blvd. Anaheim, CA 92805

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

E-Mail: [admissions@stcatherinesmilitaryacademy.org](mailto:admissions@stcatherinesmilitaryacademy.org)

**APPLICATIONS WILL ONLY BE CONSIDERED WHEN ALL DOCUMENTATION IS COMPLETE**

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

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|--|--|
| <ol style="list-style-type: none"> <li>1. Copy of current and last years' report card</li> <li>2. Copy of current and last years' standardized test scores</li> <li>3. Result of any additional testing completed on the student</li> <li>4. Copy of student's birth certificate</li> <li>5. Current photo of student</li> <li>6. NON-REFUNDABLE \$100 application fee<br/>(\$175 for International Students)</li> </ol> | <ol style="list-style-type: none"> <li>7. Parent Questionnaire</li> <li>8. Teacher and Principal Recommendation Form</li> <li>9. If Catholic, a copy of Baptism and First Communion Certificates</li> <li>10. Copy of Immunization Record</li> <li>11. Date of last TB Test _____</li> </ol> |
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### STUDENT INFORMATION

Current Grade _____	Grade Applying for: _____
Status: _____ Day _____ 5-Day Resident _____ 7-Day Resident _____	

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

**If Catholic, please fill in the following and bring a copy of the certificates of verification:**

Date of Baptism	Church	City/State	Verified
Date of 1st Penance	Church	City/State	Verified
Date of 1st Eucharist	Church	City/State	Verified

Name of Health Insurance \_\_\_\_\_ Policy # \_\_\_\_\_  
 Is your son currently taking any prescribed drugs? \_\_\_\_\_ If so, what? \_\_\_\_\_  
 Dosage and frequency \_\_\_\_\_

**HOME SITUATION** (Circle the number that applies) If a number between 2 and 7 is circled, please give the name of the person who has custodial rights (provide any applicable court documents).

1. Living with both parents
2. Parents separated: living with mother: living with father (circle one)
3. Parents divorced: living with mother, or mother and stepfather (circle one)
4. Parents divorced: living with father, or father and stepmother (circle one)
5. Living with guardians who are relatives, or not relatives (circle one)
6. Living with single mother or father (circle one)
7. Other: (Explain) \_\_\_\_\_

Please list names and ages of siblings:	
Name	Age

Student Legal Last Name	First Name	
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**FAMILY INFORMATION (All information must be completed)**

Father/Guardian's Last Name		First Name	
Home Address	City	State	Zip Code
Home #	Cell #	Fax #	Other #
Occupation & Employer		Work #	Extension #
Work Address	City	State	Zip Code

Mother Last Name		First Name		Maiden Last Name	
Home Address	City	State	Zip Code		
Home #	Cell#	Fax:	Other#		
Occupation & Employer		Work #	Extension#		
Work Address	City	State	Zip Code		

**EMERGENCY INFORMATION (Other than parent)**

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#	

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

I/We, the undersigned parents/guardians of \_\_\_\_\_, do hereby agree to abide by the rules and regulations set forth in the Cadet/Parent and Military Handbooks. Violation of said rules or regulations may result in dismissal of the student. We understand and agree that our son is eligible for an "Invitation to Return" for the following school year unless: 1) the administration decides against the return for scholastic or discipline reasons, 2) the administration decides unanimously not to issue an invitation for the best interest of the school, or 3) the financial account shows an unpaid balance. We understand that misleading or false information may result in the invitation being revoked and the full amount of the tuition being due and payable in it's entirety.

Father Signature \_\_\_\_\_ Date \_\_\_\_\_ Mother Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_ Print Name \_\_\_\_\_

Administrator/Admission Director \_\_\_\_\_ Date \_\_\_\_\_